

Approved _____

Date 3-18-91

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Carol H. Sader at _____
Chairperson

1:30 /a.m./p.m. on March 6, 1991 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Cathy Rooney, Director of Health Occupation Credentialing, Department of Health/Environment
Chip Wheelen, Kansas Medical Society
Bob Clawson, Department of SRS
Sally Brandt, KU Medical Center
Tom Gray, Chair of Licensure Committee for Speech/Language Pathologists
Warren Parker, Kansas Farm Bureau
Rich Scahade, representing Bethphage Mission, Ellsworth, Kansas
Craig Grant, Ks. National Education Association (written testimony only)
Holton Education Coop. (Written testimony only)

Chairperson Sader called meeting to order and welcomed all guests present.

Chair drew attention to a very nice letter written by Laura Severance, Legislative Intern to Rep. Sader, to all committee members. See (Attachment No. 1). Chair thanked Laura.

Chair requested a staff briefing on HB 2104. Mr. Bill Wolff explained the bill. He explained that registration of a professional will protect the title and that licensure protects the title and scope of practice.

Cathy Rooney, Department of Health/Environment, Director of Health Occupations Credentialing offered hand-out (Attachment No. 2). Ms. Rooney gave an explanation of summary of final report from Department of Health/Environment regarding Speech-Language Pathologists and Audiologists' and the final report from the Secretary of Department of Health/Environment on application for credentialing of Speech-Language Pathologists/Audiologists. She noted the technical committee found all criteria had been met and a significant need shown for credentialing. The Secretary recommended the lowest form of credentialing. Ms. Rooney drew attention to the balloon copy of HB 2104 and explained amendments proposed by the Department of Health/Environment. (See Attachment No. 2) for details of lengthy amendments proposed. Ms. Rooney answered numerous questions, i.e., the Secretary that educational standards set by the Department of Education would adequately address concerns raised in regard to harm to the public and that licensure was not warranted at this time; there was no information, no proof given to the Department that anyone with a Bachelors Degree in Speech/Hearing Pathology was practicing outside of the school systems.

At this time Chair asked Revisor, Mr. Furse, "Is it viable to enact a law setting that kind of educational standard for the Department of Education to follow"? Chair called attention to page 2, paragraph 3. Mr. Furse noted he would have to research it and would get back to Chair with the information.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 423-S Statehouse, at 1:30 // a.m./p.m. on March 6, 1991
HEARINGS CONTINUED ON HB 2104.

Chip Wheelen, Kansas Medical Society, offered handout (Attachment NO. 3), noted the Legislative Committee of the Kansas Medical Society had discussed at length the potential harm to the public posed by noncredentialed persons practicing audiology or speech/language pathology and concluded it is sufficient to warrant licensure of this category of health care professional. He cited several concerns with HB 2104, as currently written, and drew attention to a balloon with numerous amendments proposed by Kansas Medical Society. He explained each change they proposed, and gave rationale. He stressed that a central issue of the Ks. Medical Society is that the definition of "speech/language pathology" not be construed to permit some kind of diagnosis or medical treatment by speech/language pathologists. He noted further that, there were numerous technical amendments, misspelling, and he urged further analysis of HB 2104 before the bill is worked further by committee. He answered questions.

Bob Clawson, Department of SRS offered hand-out (Attachment No. 4). He noted proposed amendments in the attachment. He explained if HB 2104 were enacted without regard to services provided in state institutions it would result in some current personnel being barred from performing assigned duties that have been carried out in the past with competence. He highlighted their proposed amendment in Section 10 (b). He answered questions, i.e., perhaps a grandfather clause would help in the short-term, but the long-term would cause problems in hiring staff with adequate credentials for the rural areas of the state; they give the best care that is possible to administer in state institutions; he outlined plans of treatment and how this team plan is formulated; they will continue to give the best treatment possible in state institutions.

Sally Brandt, Chief of Speech Language Services, KU Medical Center and adjunct Assistant Professor of Hearing/Speech at University of Kansas offered hand-out (Attachment No. 5). Kansas currently does not have any mechanism to prohibit practice by unqualified, incompetent, or unethical practitioners. Statistics indicate up to 30% of the individuals providing speech/language services do not meet the minimum professional qualifications established for entry into this profession. Data also indicates an increase in reporting of ethical complaints in regard to incompetence, insurance fraud, and sexual abuse. She noted there are no legal requirements regarding the practice of speech/language pathology and audiology in Kansas. The only recognized certification is voluntary and there is no mandate for continuing education. She noted this does not protect the public from harm, nor provide a means of redress of grievances. There are, regrettably, 200 practitioners of speech/language pathology and audiology in Kansas who do not hold a certificate to practice. Responsible professionals in this area are concerned about reports regarding unethical conduct, i.e., failure to perform appropriate hearing screenings, failure to set therapeutic goals, taking inadequate history of patients, maintaining inadequate records, failure to provide accurate statements on communicative disorders, and numerous other unethical practices. She noted licensure will not put anyone out of work. It does not target any one group of professionals. HB 2104 will have no fiscal impact since internal fees for licensure will offset any administrative costs. Licensure is the only way to protect the consumer by identifying qualified providers and monitoring the practice of the profession. She answered numerous questions, i.e., until there is a mechanism in place to weed-out those individuals who are unqualified to practice, we can do nothing, but once that mechanism is in place, then those people can be monitored. Licensure will insure continuing education; public school requirements are comparable to those certified by the national organization, which is a Master's Degree. At this point, there was discussion on differences between certification for public schools and national certification. Dr. Brandt disagrees with Secretary Grant's view opposing licensure, and she has done so in writing.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 /a.m./p.m. on March 6, 1991

HEARINGS CONTINUED ON HB 2104.

Tom Gray, Audiologist in private practice in Manhattan, Ks, offered hand-out (Attachment No. 6), stating support for HB 2104. He cited several situations where unregulated practice of speech/language pathologists/audiologist can harm the public both financially and physically. Evidence of this harm, both real and potential, was given to both the technical committee and Secretary Grant when the application for licensure was pursued. Mr. Gray stated the biggest problem in unregulated practice of their profession is not in the public schools. None of the cases of incompetent practitioners involved in information provided to Department of Health/Environment were persons with Bachelor's Degrees working in the public school systems. They were either in private practice or in hospitals or in some other type of environment where harm was committed. He noted government publications indicate special education services, if started at birth, cost \$62,776 per child. If these services are delayed until a child with hearing/speech problems enters school, the cost increases to \$89,836 per child. This difference would be paid by the state. Mr. Gray believes the consumer would benefit from a system which requires providers of speech/language/hearing services to be held accountable for their professional assessment, and all aspects of professional activity, regardless of the employment setting. Licensure is the single most effective means of protection to the public. He urged support.

Warren Parker, Assistant Director/Public Affairs Division Kansas Farm Bureau, offered hand-out (Attachment No. 7). He noted this past December the voting delegates at their annual meeting adopted a policy to recommend licensure of speech/language pathologists and audiologists. He noted two requests in regard to this licensure, i.e., assurance that licensure will not diminish availability in rural Kansas of professional services provided by speech/language pathologists and audiologists; fees will cover all costs associated with licensure and no general fund money will be used for the program. He urged support.

Written testimony was presented by Mr. Craig Grant, Kansas-National Education Association, (Attachment No. 8). Mr. Grant was unable to appear before Committee this date.

Mr. Richard D. Schade, Director of Bethphage Mission West, Inc. indicated he would provide written comments later in order that they may be recorded as part of the record of minutes this date. He agrees licensure for speech/language pathologists will provide for high quality and consistent services for those with hearing/speech problems. Licensing procedures would aid in attracting more practitioners to rural areas and ease present shortages. He noted there are cases in which a speech/pathologist who works in the public school system cannot come into the Bethphage Mission West facility to help those persons with developmental disabilities who are housed or educated there. Licensure by the state would eliminate this problem, thereby helping many people in need of services by these professionals.

Written testimony provided also by a group of educators of special education services. See (Attachment No. 9).

HEARINGS CLOSED ON HB 2104.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 a.m./p.m. on March 6, 1991

Chair opened committee discussion on bills previously heard.

DISCUSSION BEGAN ON HB 2363.

Rep. Amos called attention to letters received from Coroners on HB 2363 in opposition to the bill, believing it unnecessary. Rep. Amos explained the procedures required for an autopsy to be performed and it appears that statutes are already in effect to answer concerns expressed during testimony provided on HB 2363.

Rep. Amos moved to report HB 2363 unfavorably. Rep. Bishop seconded the motion. Motion carried. HB 2363 is killed.

Chair opened discussion on HB 2226.

Chairperson Sader had requested Mr. Wolff review the fiscal note on HB 2226 which seemed to be in error. Mr. Wolff stated he had checked with the analyst who had developed the fiscal note, and an error had been made and it is now corrected to read 120 tests given per year at \$100 per test totals \$12,000, (not \$1200). He explained the \$12,000 figure is spread out over all institutions, with this expenditure already allocated.

Discussion was held in regard to civil rights of persons; perhaps there is a program already in place to cover these employees, just by making them subject to existing statutes; as the bill reads now, new hires would be subject to screening.

New language was proposed for HB 2226, section (b) to add a new category of employees not to include new hires; definition of "probable cause".

Discussion continued and it was noted the protection of rights is a very sensitive situation.

At this point, Chairperson stated committee discussion would continue at a later date on HB 2226 and Mr. Furse was requested to draft language to include suggestions made by committee members in regard to protection/civil rights considerations.

Chair stated the next meeting will be held tomorrow, Thursday, March 7th, and with the extra time the following bills will be addressed. HB 2033, 2226, 2168, 2529.

Chair noted HB 2127 had been pulled from the House calendar due to some concerns with amendatory language as passed out of committee. Chair has requested Mr. Furse to draft a floor amendment that would clarify the amendment passed by committee. There were also issues not discussed in committee that have raised questions by members of the House, i.e., lay mid-wives and naturepaths. Chair noted, after the clarifying language is prepared, HB 2127 will be more easily understood on the floor of the House.

Chair adjourned the meeting.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-6-91

NAME	ORGANIZATION	ADDRESS
John Petersen	Ks Speech Language Hearing Assn	Topeka
Bob Clawson	SRS	Topeka
Janet Lee Brandt	KSHA	Lawrence
Tom Gray	KSHA	Manhattan
Melinda P. Svaty	KSHA	Elsworth
Dee A. Newirth	KSHA	Great Bend
Karen Q. Parry	KSHA	Great Bend
Mary Ann D. Gray	KSHA	Manhattan
Pick Smith	BETHPAGE	ELSWORTH
Chip Wheelen	Ks Medical Society	Topeka
Bobby Molineux	KSHA	Topeka
Mary D. Bradley	KSHA	Wichita
Teresa Kennally	KSHA	Wichita
Rub Morrison	KSHA	HIAWATHA
Melvin A. Brubaker	Ks state Board of Ed	Topeka
Chuck Wilhelm	Kans Sp + Hear Assoc -	Hays Ks
Marcia Barnister	Ks Farm Bureau / KSSp Lang Hr Assn	Hays, KS
DAN CONYERS	Ks. RESP. CARE SOCIETY	KANSAS CITY
Virginia Ashlock	LWVK	Lawrence
Mary Miller	LWVK	Lawrence
Michelle Lister	John Peterson and Associates	Topeka
Joseph F. Howe	KOHK	Topeka
Janel Wright	Ks Credit Union League	Topeka
James R. Ryan	KADAM	Topeka
P. W. Hostetter M.D.	KAFIP	Manhattan
Lynnda L. Gunn	RDOA	Topeka
Greene Cokerell-Santee	KSHA	Lawrence,

March 6, 1991

To: Members and Staff of the House Public Health and Welfare Committee

From: Laura Severance, Legislative Intern

With today's relatively easy passage of HB 2019, I witnessed an exemplary act of cooperative bipartisan politics. Although I doubt anyone on this committee will deny the need for health care services to the medically indigent, HB 2019 also touched upon the controversial issue of family planning. Through the diligent efforts of several committee members, this bill passed in the House of the Kansas Legislature.

I am writing this letter today expressing my enthusiasm at having observed this process. I believe the true nature of democratic politics is to construct laws that will best represent and benefit all people concerned and include outlets for self-determination on the part of those being represented. Not an easy task to be sure!

I am very proud of the efforts made by all members of this committee, especially Representatives Dorothy Flottman, Melvin Neufeld, and Carol Sader. I feel extremely fortunate to be involved in the 1991 Kansas Legislative Session.

Good Luck!

Laura

cc: Governor Joan Finney
cc: Senator Burke, President of the Senate
cc: Representative Marvin Barkis, Speaker of the House
cc: Representative Donna Whiteman, House Majority Leader
cc: Representative Robert Miller, House Minority Leader

JHCCW
3-6-91
Att # 1.



State of Kansas

Joan Finney, Governor

Department of Health and Environment
Division of Health

Stanley C. Grant, Ph.D.,
Acting Secretary

Landon State Office Bldg., Topeka, KS 66612-1290

FAX (913) 296-6231

TESTIMONY PRESENTED TO

THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

by

THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

House Bill 2104

The Credentialing Review Program established by request of the legislature requires health occupations seeking state credentialing (licensure/registration) of members of their occupations to submit a credentialing application to the Kansas Department of Health and Environment (KDHE) for review. The Kansas Speech, Language, and Hearing Association submitted a credentialing application and the application has gone through the review process. This association desires speech-language pathologists and audiologists to be licensed by the state. House Bill 2104 provides such licensing.

A seven-member technical committee consisting of three currently credentialed health care personnel and four consumers conducted three public meetings and one public hearing to review the application. The technical committee forwarded its report to the Secretary of Health and Environment. A final report by the Secretary was issued to the legislature on July 19, 1990 (both reports are attached).

Statutes require that the technical committee and the Secretary must find that the information in the application and the information gathered during the meetings and the hearing document that the nine statutory criteria (KSA 65-5006) are met and that a need for credentialing exists before a recommendation for credentialing can be made. KSA 65-5003(d) further states that the applicant has the burden of proof of providing evidence upon which findings can be made. This proof must be clear and more than hypothetical examples or testimonials.

The technical committee and the Secretary found that the nine criteria were met and that a need for credentialing exists. Since the criteria were found met and a need shown for credentialing, the technical committee and the Secretary then applied criteria established in KSA 65-5007 to determine the appropriate level or levels of credentialing to protect the public from the causes of the harm documented by the applicant.

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att # 2

The statutes define credentialing to include "other statutory means," registration, and licensure. Other statutory means can include criminal prohibitions, injunctive remedies, etc. Registration creates title protection of an occupation and allows the public to identify practitioners, through the practitioner's use of the title, who possess the educational requirements of the occupation. Others may practice the occupation but may not advertise themselves as members of the occupation. Licensure limits only those persons with licenses to practice the occupation as well as protects the title of the occupation.

KSA 65-5001 also instructs the technical committee and the Secretary that the recommendation for the level of credentialing should be the least regulatory means of assuring public protection. The least regulatory means of credentialing is "other regulatory means" besides licensure or registration, then registration, with licensure being the most regulatory means available.

The technical committee recommended licensure which would limit the scope of practice of the occupations to only qualified personnel. The Secretary recommended that the Legislature consider a lesser form of credentialing. The Secretary recommended that a law be enacted that sets the current Department of Education's standards of education which is a master's degree or higher in the respective field for speech-language pathologists and audiologists who work in the public school systems. In addition, the Secretary recommended that all bachelor's level practitioners employed in the public school systems be required to demonstrate initial competency of the occupations by passing a standardized competency examination. Such an examination on a national level is provided by Educational Testing Services.

The reason for the Secretary's recommendation was to address the issue of potential harm caused by bachelor's level speech-language pathologists and audiologists. Research has shown that bachelor's level speech-language pathologists and audiologists do not have all the necessary skills of the profession. There are 190 bachelor's level practitioners in Kansas providing services in the public school systems. Evidence provided by the applicant showed that harm was caused by unqualified practitioners, primarily bachelor's level speech-language pathologists or audiologists, or licensed health care personnel practicing beyond training or employing unqualified persons to provide services. In the majority of the cases of documented harm, the harm was not life threatening. Often the inappropriate actions of the practitioners delayed appropriate treatment and resulted in emotional distress and/or financial repercussions.

Both the technical committee and the Secretary concluded that credentialing speech-language pathologists and audiologists would not address the issue of other licensed health care personnel providing services beyond training or using paraprofessionals inappropriately under the licensee's supervision.

As you are aware, the credentialing review process is only advisory to the legislature. The statutes state that the Secretary is not bound by the technical committee's recommendations nor the Legislature by the Secretary's recommendations.

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Should the Legislature pass House Bill 2104, KDHE would become the agency responsible for implementing the licensure law for speech-language pathologists and audiologists. In this role, we recommend several amendments to allow procedures to be primarily consistent with the other licensure programs administered by the department. Proposed amendments involve:

1. Calling the advisory commission a board and changing the composition of the advisory board to be a mixture of individuals (e.g., two licensed speech-language pathologists, one audiologist, one physician, and one member of the public). Limiting the board member terms to two years and no more than two successive terms rather than three years and three successive terms.
2. Setting the effective date for licensure for September 1, 1992 rather than upon publication of the act (this summer) which is too soon to have a licensure program for two occupations up and running.
3. Adding language that describes the process for licensure renewals and reinstatements of lapsed licensees due to not renewing license.
4. During the "grandfathering" phase, waive the examination if the applicant meets the educational, supervised clinical practicum, and professional experience; or has a master's degree or equivalent and has been actively engaged in the occupation for at least two years of the last four years; or who has a bachelor's degree and holds a teaching certificate by the Kansas Department of Education in speech-language pathology or audiology and has been engaged in the practice of the occupation for at least three years of the last five years; or is certified by a national organization of speech-language pathologists or audiologists approved by the Secretary.
5. Adding language that specifies the Secretary may contract with investigating agencies, commissions, or consultants in obtaining information about course of study and supervised clinical practicum experiences to be approved by the Secretary.
6. Adding language in the bill that states that fees set by regulation should be set to cover the costs of administering the provisions of this act.

Attached to the testimony is a balloon specifying the various amendments proposed by KDHE to address the administrative concerns as noted above.
Thank you for your consideration.

Presented
by:

Cathy Rooney, Director
Health Occupations Credentialing
Bureau of Adult and Child Care
March 6, 1991

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Att # 2-3

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

EXECUTIVE SUMMARY OF THE FINAL REPORT
SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS'
CREDENTIALING APPLICATION

July 19, 1990

The Secretary of Health and Environment Recommends to the Legislature:

I have found that all of the criteria established by KSA 65-5006 were met and that a need for credentialing of speech-language pathologists and audiologists exists.

The potential for harm to the public documented in Criterion I revealed that harm resulted when unqualified practitioners (speech-language pathologists and audiologists trained at the bachelor's level and other health care professionals practicing beyond training or employing unqualified personnel) provided inappropriate services. Harm primarily consisted of patients experiencing unnecessary delays in developing speech-language skills, emotional distress, financial repercussions, and, in three cases, unnecessary surgery. It was also shown that the potential for harm exists. Research demonstrates that the bachelor's level speech-language pathologists and audiologists do not have all the necessary skills of the occupations. Therefore, the issue primarily revolves around assuring that the 190 bachelor's level practitioners who entered the public school systems when the minimal educational qualifications were set by the Kansas Department of Education at a bachelor's level in the respective fields who are still employed are competent to practice. Credentialing of speech-language pathologists and audiologists would not address the issue of other health care personnel providing services beyond training or employing unqualified personnel.

In accordance with KSA 65-5007, I recommend that the legislature consider the least regulatory means to assure the public's protection in regard to the harm documented in Criterion I. The least regulatory means would be to enact a bill that would set into law the current Department of Education's standards of education (master's degree or higher in respective field) for speech-language pathologists and audiologists who work in the public school systems and require all bachelor's level practitioners employed in the public school systems to demonstrate competency through successfully passing a standardized competency examination. This measure should adequately address the issues raised in Criterion I and afford the public protection from unqualified practitioners.

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Final Report to the Legislature from the
Secretary on the Application for Credentialing
Speech-Language Pathologists and Audiologists

July 19, 1990

The Kansas Speech, Language, and Hearing Association (KSHA), referred to as the applicant, submitted to the Kansas Department of Health and Environment a credentialing application to be reviewed through the credentialing review program. The applicant seeks to make it against the law for anyone to perform services as a speech-language pathologist or as an audiologist unless he/she is licensed as a speech-language pathologist or licensed as an audiologist. In addition, the titles to be protected for a licensed speech-language pathologist include: speech pathologist, speech therapist, voice therapist, etc. The titles to be protected for a licensed audiologist would include: audiologist, audiometrist, hearing therapist, etc.

The application has been reviewed according to the Kansas Credentialing Act (KSA 65-5001, et seq) by a technical committee and the Secretary of Health and Environment. The purposes of the review are to: (1) provide the legislature with a thorough analysis of the application and information gathered at the technical committee meetings; (2) make recommendations on whether the statutory criteria are met and whether there is a need for credentialing; and (3) recommend, if necessary, an appropriate level of credentialing to protect the public from the documented harm. The legislature is not bound by these recommendations.

In accordance with state laws, a seven-member technical committee conducted four fact-finding meetings, which included one public hearing, to investigate the issues. Attached is a copy of the final report of the technical committee.

The statutes require that all of the criteria in KSA 65-5006 be found met and a need for credentialing exists prior to the technical committee and the Secretary recommending that an applicant group be credentialed. The technical committee found that all of the criteria have been met. I concur with the technical committee's findings and conclusions about the criteria. In summary, the technical committee found:

- The applicant has met Criterion I by demonstrating that "the unregulated practice of speech-language pathology and audiology can harm the public and the potential for such harm is recognizable and not remote."

Evidence showed that harm resulted when unqualified practitioners (speech-language pathologists and audiologists trained at the bachelor's level and other health care professionals practicing beyond training or employing unqualified personnel) provided inappropriate services. In the 11 cases, harm primarily consisted of patients experiencing unnecessary delays in developing speech-language skills, emotional distress, financial repercussions, and

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in three cases, unnecessary surgery. Although harm was usually not life threatening, the potential for harm appears to exist. For example, research demonstrated that bachelor's level speech-language pathologists and audiologists do not have all of the necessary skills of the occupations. In Kansas, there are 190 persons who only have a bachelor's degree in respective fields employed as speech-language pathologists or audiologists in the Kansas public school systems.

- The applicant has met Criterion II by demonstrating that "the practice of speech-language pathology and audiology requires an identifiable body of knowledge or proficiencies that is acquired through a formal period of advanced study and training." The public would benefit from initial and ongoing training of practitioners.

Evidence showed that there appears to be an identifiable body of knowledge with the American Speech-Language-Hearing Association (ASHA) accredited master's or doctorate level programs. A master's degree is considered the minimum academic training for the occupations. However, the applicant's bill proposal allows a person with an equivalent master's degree to be licensed. The technical committee concluded that full completion of a program is necessary for initial training to benefit the public. In addition, the technical committee concluded that since bachelor's level practitioners were the primary source of potential harm, as documented in Criterion I, there should be some mechanism in the "grandfather" section of the licensure law to require bachelor's level employed speech-language pathologists and audiologists to demonstrate initial competency (e.g., passing the national examination) not just showing proof of employment in the field. Without this provision, the argument for credentialing is moot. Therefore, the criteria is met only if some mechanism is incorporated to obtain competency from bachelor's level persons being "grandfathered" into the process, a time frame for the "grandfathering" period, and that the standards for education be a master's degree or higher rather than allowing an equivalent master's degree.

- The applicant has met Criterion III by demonstrating that "the clinical work of the occupations is not necessarily subject to the supervision by another health care person or in an inpatient facility."

Evidence showed that 53 percent of speech-language pathologists and audiologists work in a school environment; 15 percent, in hospitals; eight percent, in rehabilitation units; four percent, in private physician offices; and seven percent, in their own offices. Practitioners appear to operate under their own supervision, even in inpatient facilities.

- The applicant has met Criterion IV by illustrating that the public is not effectively protected from the potential for harm from bachelor's level practitioners in the school systems, unqualified practitioners in private practice, and from other health care personnel providing services beyond

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their training. However, it was never proven through Criterion I that private practitioners are a threat to the public. In addition, credentialing of speech-language pathologists and audiologists would not address the issue of other health care personnel providing services beyond training.

During the review, evidence did show that private certification and other means besides state credentialing are in place and do provide the public some protection. For example, to receive Medicare or Medicaid reimbursement for services, the practitioner must be privately certified by the American Speech-Language-Hearing Association. Other protection is offered by the requirement that one must be licensed by the Kansas Board of Hearing Aid Examiners to fit and dispense hearing aids. Nationally, 53 percent of the practitioners work in schools and, in the Kansas public school systems, to practice one must be certified as a teacher and have a master's degree in the respective field. However, the problem arises since previous educational standards for employment in the school systems only required a bachelor's degree in the respective field. Some 190 bachelor's level practitioners are employed in the Kansas public school systems.

- The applicant has met Criterion V by showing that "the effect of credentialing on the cost of health care to the public is minimal."

From the information provided, the two occupations already receive third-party reimbursement for services provided and a part of the cost of state regulation would be borne by the occupations through the licensure fee.

- The applicant has met Criterion VI by illustrating that credentialing of the occupations probably would have a minimal effect on availability of speech-language pathologists and audiologists practicing in Kansas.

Kansas ranks better than the national ratio of privately certified speech-language pathologists and audiologists per 100,000 population. The ratio nationally is 20.9/100,000 population where Kansas is at 26.5 speech-language pathologists and audiologists per 100,000 population. The applicant's proposal included a "grandfather" clause to allow some individuals already employed to be licensed. In Kansas there are some 1,009 privately certified speech-language pathologists and 65 audiologists.

- The applicant has met Criterion VII by drafting "scope of practices for the occupations that are identifiable."

The scope of practice for speech-language pathologists includes: (1) preventing, identifying, evaluating, consulting, habilitating, rehabilitating, instructing, and researching; (2) determining the need for personal augmentative communication systems, recommending such systems and providing training in utilization of such systems; and (3) planning, directing, conducting, or supervising such

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services. The scope of practice for audiologists includes: (1) preventing, identifying, evaluating, consulting, habilitating or rehabilitating (other than hearing aid or other assistive listening device dispensing), instructing, and researching; (2) participating in hearing conservation; (3) providing auditory training and speech reading; (4) conducting tests of vestibular functions; (5) evaluating tinnitus; and (6) planning, directing, conducting, or supervising services.

- The applicant has met Criterion VIII by demonstrating that the "effects of credentialing speech-language pathologists and audiologists on the scope of practice of other health care personnel appears to be minimal."

Information provided showed that the applicant's proposal would not affect other licensed practitioners (physicians, physician assistants, nurses, hearing aid dealers, occupational therapists, and respiratory therapists) who perform the same or similar functions as speech-language pathologists and audiologists but at different levels of skills and training. Paraprofessionals would still be able to perform functions under the supervision of speech-language pathologists and audiologists or licensed health care professionals.

- The applicant has met Criterion IX by demonstrating that there are "nationally recognized standards of education that exist for the practice of the occupations."

There are nationally recognized standards of education and these standards are identifiable in the American Speech-Language-Hearing Association (ASHA) accredited master's or doctorate degree programs in these fields. In Kansas, four universities offer ASHA-accredited speech-language pathology programs and two universities offer ASHA-accredited audiology programs.

The technical committee found that all of the criteria established in KSA 65-5006 have been met and that there is sufficient need shown for the credentialing of speech-language pathologists and audiologists. Since all of the criteria are found met and a need for credentialing exists, the next step in the process is to apply criteria established in KSA 65-5007 to determine the appropriate level or levels of credentialing to protect the public.

LEVEL OF CREDENTIALING

Credentialing should be aimed at helping alleviate the problems documented in Criterion I which are associated with unqualified practitioners, primarily bachelor's level speech-language pathologists and audiologists providing inappropriate services. There are three credentialing options (statutory regulation, registration, and licensure) specified in KSA 65-5007. **This statute further instructs that the recommendation for the level of credentialing should be the least regulatory means of assuring protection. The least regulatory means of credentialing as defined in KSA 65-5007 is "other regulatory means," then registration, with licensure being the most regulatory means available.**

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The technical committee found no evidence that other regulatory actions have been pursued or are being considered by other states in the form of criminal or civil laws or injunctive remedies to address the issue of harm. The technical committee went on to conclude that the scopes of practice of speech-language pathologists and audiologists should be restricted to qualified personnel. Therefore, the technical committee recommended licensure as the appropriate level of credentialing to protect the public from unqualified practitioners. Although licensure is one way to protect the public, I conclude that there is a less regulatory measure that would assure public protection.

The basis for finding Criterion I met was the documentation provided about four bachelor's trained speech-language pathologists and three bachelor's trained audiologists who provided inappropriate services causing patients and families to experience emotional distress, financial repercussions, and/or delays in some patients developing speech-language skills. Any type of credentialing of speech-language pathologists and audiologists would not necessarily have an impact on the documented cases where licensed health care professionals practiced beyond training or employed an unqualified person in the area of speech and language therapy. Therefore, the issue primarily revolves around assuring that the 100 bachelor's level practitioners who entered the public school systems when the minimal educational qualifications were set by the Kansas Department of Education at a bachelor's degree level in the respective fields who are still employed are competent to practice. (The current standard is a master's degree or higher in the respective fields and it is the same standard that a licensure law would require; therefore, the current standard protects the public from the potential harm documented in Criterion I.)

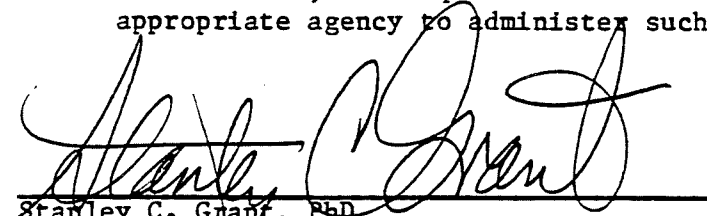
In keeping with the requirement that the least regulatory means for protecting the public should be recommended, I propose that the legislature consider legislation to set into law the current Department of Education's standard of education (master's degree or higher in respective field) for speech-language pathologists and audiologists who work in the public school systems and require all bachelor's level practitioners currently working in the school systems to prove competency by passing a standardized competency examination. This measure would adequately address the issues raised in Criterion I and afford the public protection from unqualified practitioners.

Secretary's Conclusions and Recommendations

- 1 I have found that all of the criteria established by KSA 65-5006 are met and a need for credentialing exists.
- 2 In accordance with criteria established by KSA 65-5007, I recommend that the legislature pursue "other regulatory means" to assure public protection by setting into law the current Department of Education's standard of education (master's degree or higher in respective field) for speech-language pathologists and audiologists who work in the public school systems and require all bachelor's level practitioners currently working in the school systems to prove competency by passing a standardized competency examination.

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Item #2-9

3 KSA 65-5005 delineates that the Secretary is to identify the appropriate agency for the credentialing process. Should a competency test be administered, the Department of Education is my recommendation for the appropriate agency to administer such a requirement.



Stanley C. Grant, PhD
Secretary of Health and Environment

19 July 1990

Date

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FINAL FINDINGS AND CONCLUSIONS OF THE
TECHNICAL COMMITTEE ON THE REVIEW OF THE
APPLICATION TO LICENSE SPEECH-LANGUAGE
PATHOLOGISTS AND AUDIOLOGISTS

Technical Committee Meeting
March 9, 1990

Submitted to the Secretary
March 28, 1990


The Kansas Speech, Language, and Hearing Association (KSHA), cited in this report as the applicant, submitted a credentialing application to the Kansas Department of Health and Environment. The application was revised and resubmitted to conform with the current review process and to be consistent with the criteria established by the 1986 legislature.

The applicant desires the State of Kansas to require persons providing services as a speech-language pathologist or audiologist to be licensed in order to practice. Therefore, there could be two separate licenses issued - one for speech-language pathologists and one for audiologists. A person could be licensed in both areas if he/she meets all of the licensure conditions.

This report summarizes the final findings, conclusions, and recommendations of the technical committee regarding the credentialing application. The statutes require that all of the criteria must be found met and that a need for credentialing must be determined before a recommendation for credentialing can be made. In summary, the technical committee found all of the criteria have been met and that a need for credentialing exists. Information provided shows that unqualified practitioners (speech-language pathologists and audiologists trained at the bachelor's level and other health care professionals practicing beyond training or employing unqualified personnel) caused harm when inappropriate services were provided. Documented harm primarily consisted of patients experiencing unnecessary delays in developing speech-language skills, emotional distress, financial repercussions, and, in three cases, unnecessary surgery. The technical committee concluded that the scope of practice of the occupations should be restricted to qualified personnel. Thus, the technical committee recommended that the state enact a law to license speech-language pathologists and audiologists.

Summary of Application

The applicant desires to make it against the law for anyone to perform as a speech-language pathologist or as an audiologist unless he/she is licensed as a speech-language pathologist or licensed as an audiologist (Application, Appendix B, page 10). The proposal suggests that a person can be licensed in both areas if he/she meets the respective qualifications. According to the revised bill proposal, only licensed speech-language pathologists shall use the titles "speech pathologist," "speech therapist," "speech correctionist," "speech clinician," "language pathologist," "voice therapist," "voice pathologist," "logopedist," "communicologist," "aphasiologist," or "phoniatrix" (Application, Appendix B, page four, and Official Record, Exhibit 6b). The terms to be

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protected for licensed audiologists are: "audiologist," "audiometrist," "hearing therapist," "hearing clinician," or "hearing aid audiologist" (Application, Appendix B, page six).

According to the applicant, "speech-language pathologists evaluate and treat consumers with communication disorders due to delay or failure to develop speech and language and loss of speech and language skills due to injury, stroke, and physical and medical problems" (Official Record, Exhibit 3, page one). An audiologist evaluates the functioning level of the auditory system, determines the type and degree of hearing deficit and auditory processing abilities, and/or manages the nonmedical aspects of hearing loss. In addition, audiologists provide rehabilitation other than hearing aid or other assistive listening device dispensing (Official Record, Exhibit 3, page one, and Exhibit 6B). In summary, to be eligible for a license as a speech-language pathologist or audiologist, one must: (1) have at least a master's degree or equivalent in speech-language pathology or audiology, (2) complete a supervised practicum experience in the particular field of study, (3) complete a postgraduate professional experience in the particular field of study, and (4) pass an examination (Official Record, Exhibit 6b). (See Criterion II, pages six through eight, for more information on educational standards.)

CRITERIA TO DETERMINE THE NEED FOR CREDENTIALING

The statutes require the technical committee to determine if the statutory criteria have been met by analyzing the application and information gathered at the meetings and the public hearing. This portion of the report summarizes the information provided and the findings and conclusions on whether each of the nine criteria are met.

CRITERION I

The unregulated practice of the occupation can harm or endanger the health, safety, or welfare of the public and the potential for such harm is recognizable and not remote.

Information Provided

According to the applicant, speech-language pathologists and audiologists provide services to all ages. However, the elderly and children populations are most in need of speech-language pathologist and audiologist services. For example, one-third of the 65 and older population have significant hearing losses. The highest prevalence of any handicap condition of preschoolers is speech-language disorders (Application, Appendix C, page six).

The applicant contends that harm to the client is due to unqualified persons providing services and qualified persons who have acted incompetently or unethically (Application, page 2, and Official Record, Exhibit 3). According to the applicant, a licensing law would rectify these situations by setting the qualifications for practitioners of the two professions and by identifying to the public and to other health care providers appropriate practitioners. In addition, a licensure law would set ethical standards of qualified practitioners and enforce such standards (Application, pages 12 and 42).

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The applicant provided examples of two types of unqualified persons providing speech-language pathology services in Kansas which have resulted primarily in emotional and/or financial harm to a client or a client's family: (1) bachelor's level pathologists and (2) other health care professionals practicing beyond their training or employing unqualified personnel.

The applicant provided several incidents in Kansas where a bachelor's level practitioner provided inappropriate services causing harm.

A Kansas bachelor's level speech clinician provided inappropriate services in the school for an eighth-grade boy for eight years which made his stuttering worse to the point communication was almost impossible, resulting in emotional harm (Official Record, Exhibit 3).

A Kansas bachelor's level speech-language pathologist provided inappropriate eating advice to a head-injured patient which could have led to choking to death but resulted in emotional distress for the patient's family and financial harm due to cost of unnecessary tests (Official Record, Exhibit 3).

A Kansas private, bachelor's level speech clinician provided inappropriate speech services for six months to an eight-year-old hearing impaired child whose supposed problem was not opening his mouth wide enough. This resulted in inappropriate educational instruction and emotional harm (Official Record, Exhibit 11).

A Kansas bachelor's level school speech-language pathologist provided inappropriate speech services to cleft palate children when physical management was needed. This resulted in financial harm through inappropriate use of public dollars in the school system (Official Record, Exhibit 3).

A Kansas bachelor's level school audiologist gave inappropriate services to an eight-year-old hearing impaired child, resulting in inappropriate educational instruction and emotional harm (Official Record, Exhibit 11).

A bachelor's level person performed audiology evaluations in a physician's office which resulted in three young children being misdiagnosed. This caused a delay in appropriate rehabilitation and added expenses and anxiety for the parents (Application, Appendix E, Letter 6).

A bachelor's level Kansas school audiologist misdiagnosed a child as having a brain tumor, resulting in emotional distress and financial harm of unnecessary tests (Official Record, Exhibit 11).

The applicant supplied several cases where unqualified persons (those health care professionals practicing beyond training or employing unqualified personnel to perform services) caused a delay in appropriate treatment and emotional and/or financial harm and, in one case, a delay in speech and language skills development.

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A Canadian physician delayed treatment for a child for a year because he was unaware that the child could be tested at an early age. A delay in development of speech and language skills resulted.

A Canadian physician explained to an elderly patient that he may need surgery. The elderly patient became suicidal over the issue (emotional harm). An audiologist concluded that he only needed a hearing aid (Application, Appendix D).

A Kansas physician employed a nurse (or his wife) to do hearing tests. In three cases, surgery was performed on ears with pure sensorineural hearing loss. The misdiagnoses were based on inaccurate testing leading to emotional and financial harm (Application, Appendix E).

A family physician misdiagnosed a hearing condition and a patient bought three different hearing aids over four years. After proper evaluation and surgery, the patient does not require a hearing aid and has normal hearing (Application, Appendix E).

The applicant contends that licensure is also necessary due to harm resulting from incompetent or unethical actions of qualified personnel. The most common complaints against licensed or certified speech-language pathologists and audiologists received by 14 state licensure agencies, two insurance companies, and 17 state associations who responded to a survey included: practicing without a license, practicing beyond scope permitted by law, incorrect or inadequate treatment, injury from equipment/premises, and moral fitness (Application Appendices C and H, page 36). Several examples of incompetent and unethical actions of qualified speech-language pathologists were provided in the application and testimony (Application, Appendix C, and Official Record, Exhibit 3). Unethical behavior included cases where the practitioner sexually exploited a young patient. An example of incompetency leading to harm was cited when a certified speech-language pathologist and audiologist failed to diagnose a hearing loss for one year in a child who was not talking. This resulted in delayed treatment and emotional distress (Official Record, Exhibit 11).

The applicant noted that ASHA-sponsored liability insurance carrier documented 20 claims filed in court against practitioners during March 1973 through May 1979 (seven claims) and February 1981 to July 1982 (13 claims). The claims varied from negligence to failure to refer (Application, page 24). Another court case in Minnesota resulted in a woman being convicted of Medicaid bill fraud for treatment provided to mentally retarded patients (Official Record, Exhibit 3). Another California woman was convicted of using false credentials to practice as a PhD speech-language pathologist (Official Record, Exhibit 3).

The applicant noted that a California Supreme Court ruled for the parents of a deaf child against an audiologist who failed to diagnose heredity deafness. On this information, the parents had a second child with the same disorder (Official Record, Exhibit 3).

Two examples of unqualified persons in Kansas using the title "audiologist" were documented in the application (Application, Appendix C; Appendix E, Letter 3b;

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and Appendix G, pages four and five). The term "hearing aide audiologist" can still be used in Kansas inappropriately by nonaudiologists (Application, Appendix G, page one).

Potential for Harm

Several examples of possible physical, emotional, and/or financial harm to clients resulting from a practitioner's erroneous diagnosis or treatment or inappropriate use of devices are provided in the application (Application, pages 9-17, and Appendix C). In a majority of the examples, the possible harm was not life threatening. Often the inappropriate actions of the practitioner delayed correct treatment/rehabilitation, which might cause delays in developing speech and language skills, emotional distress, and financial repercussions. An example of what happens to the cost of services if delayed was provided as follows:

It is estimated that if special education begins at birth, the cost of such services per child is to the age of 18 would amount to \$62,776. If one waits until the child is school age to begin services, the cost would be \$78,848 etc. (Application, Appendix C, page 21, and Official Record, Exhibit 3).

A master's degree is considered the appropriate academic training for speech-language pathologists and audiologists. A study by ASHA on competency of bachelor's and master's degree speech-language pathologists found that bachelor-level speech-language pathologists rated themselves incompetent in 28 of 32 necessary skills of the profession (Application, Appendix C, page 24). The applicant stated, "There are 190 persons who only have a bachelor's degree employed as speech-language pathologists or audiologists in the Kansas public school systems" (Official Record, Exhibit 11). It is estimated that a majority of the 190 persons are speech-language pathologists, according to the applicant. National estimates noted that up to 30 percent of the individuals providing speech-language services do not meet minimum professional qualifications (Official Record, Exhibit 11, Letter 3b). One example of a nurse providing speech-language pathology services beyond training was cited by the applicant (Application, Appendix G). The applicant provided several examples of other Kansas health care personnel (e.g., nurses, chiropractors, and occupational hearing conservationists) providing audiology services beyond training (Application, Appendices E and G).

Findings

From the information provided, there appears to be evidence that harm occurs due to the unregulated practice of the occupations and that the potential for harm is recognizable and not remote. In the majority of the actual documented cases of harm, the harm was not life threatening. Often the inappropriate actions of the practitioner delayed appropriate treatment and resulted in emotional distress and/or financial repercussions. Documentation showed that harm to patients was often due to an unqualified person providing services. Two types of unqualified practitioners were documented: (1) bachelor's degree speech-language pathologists or audiologists, and (2) other health care personnel practicing beyond training or employing unqualified persons to provide services.

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Research demonstrated that bachelor's level practitioners do not have all the necessary skills of the profession. There are some 190 bachelor's level practitioners in Kansas providing services in the public school system.

Conclusions

The criterion is met.

CRITERION II

The practice of the occupation requires an identifiable body of knowledge or proficiency in procedures, or both, acquired through a formal period of advanced study or training, and the public needs and will benefit by assurances of initial and continuing professional ability.

Information Provided

The tasks of a speech-language pathologist include: evaluate language and speech disorders; plan and implement treatment for problems identified; provide counseling to client, family, and/or care giver; administer treatment, supervision of paraprofessional, etc.; and coordinate research (Application, page six). The tasks of an audiologist include: evaluate standard tests and site of lesion test; treatment in the areas of lip-reading training, auditory training, and hearing conservation; counseling of client, family, or care giver; administer treatment, supervision of paraprofessionals, etc.; and conduct research (Application, page eight).

According to the American Speech-Language-Hearing Association (ASHA), to acquire the body of knowledge to perform tasks, one must have: (1) graduated from a master's or doctoral degree speech-language pathology or audiology program accredited by the Educational Standards Board of ASHA, (2) completed 375 clock hours of supervised clinical observation and practicum in the particular field of study provided by an approved educational institution, (3) completed 36 weeks of a clinical fellowship (full-time professional experience) in the particular field of study, and (4) passed the national examination in the particular field of study (Application, Appendix J, pages one through four).

The body of knowledge acquired from an ASHA-accredited speech-language pathology program includes 75 semester credit hours in biological/physical sciences, mathematics, behavior and/or social sciences, and the nature, prevention, evaluation, and treatment of speech, language, hearing, and related disorders. Thirty semester credit hours out of the 75 must be in speech-language pathology. Fort Hays State University, Kansas State University, University of Kansas, and Wichita State University offer ASHA-accredited speech-language pathology programs (Application, pages 27 and 28). The body of knowledge acquired from an ASHA-accredited audiology program includes 75 semester credit hours in biological/physical sciences, mathematics, behavioral and/or social sciences, and the nature, prevention, evaluation, and treatment of speech, language, and hearing disorders. Thirty semester credit hours out of the 75 must be in audiology. The University of Kansas and Wichita State University offer ASHA-accredited audiology programs (Application, pages 27-28).

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Examples of new developments in the assessment and treatment of communication disorders and knowledge of language development were given in the application to illustrate the need for speech-language pathologists to keep up with current trends (Application, page 29). Examples of new developments in the devices used by practitioners were given in the application to illustrate the need for audiologists to keep up with current trends (Application, page 29). Opportunities to receive continuing education are available through workshops or seminars by ASHA sponsors. The revised legislation bill proposal allows the regulatory agency to establish conditions for the licensee to demonstrate continued competencies through participation in continuing education programs as a requirement for renewal of a license (Official Record, Exhibit 6b).

According to the revised bill proposal, to be eligible for a license as a speech-language pathologist or audiologist, one must: (1) have at least a master's degree or equivalent in speech-language pathology or audiology from an approved educational institution which consists of approved course work in the particular field of study, (2) complete a supervised practicum experience in the particular field of study, (3) complete a postgraduate professional experience in the particular field of study, and (4) pass an examination in the particular field of study (Official Record, Exhibit 6b). The applicant recommends that the education programs, supervised practicum experience, and postgraduate professional experience reflect standards set by the American Speech-Language-Hearing Association (ASHA).

There is a "grandfather" clause in the revised bill proposal. For a one-year period after the law becomes effective, one must show proof of employment in the practice of speech-language pathology or audiology for at least two out of a three-year period prior to the effective date of the act to receive a license in that field.

Findings

From the information provided, there appears to be an identifiable body of knowledge acquired through formal training provided in ASHA-accredited programs. The public would benefit from initial and ongoing training. The technical committee is concerned with the applicant's bill proposal in that it allows a person with an equivalent master's degree to be considered a candidate for licensure. Apparently an equivalent degree can refer to someone who has a doctorate or completed the course work but not some other item (e.g., thesis) necessary to complete the graduate program. The technical committee concluded that full completion of a program is necessary. Alternative language to set the standards to a master's degree or higher is recommended. In addition, the technical committee concluded that since bachelor's level practitioners were the primary source of potential harm as documented in Criterion I there should be some mechanism in the licensure process during the grandfather period of the licensure law to require them to demonstrate initial competency (e.g., passing the national examination). As the proposed bill stands, now a bachelor's level practitioner during the grandfather period would only have to show proof of employment as a speech-language pathologist or audiologist to be granted a license.

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Conclusions

Criterion II is met provided some mechanism is incorporated to obtain competency from people being grandfathered in (include a time frame) and that in Section 5 of the proposed bill the words "or equivalent" be stricken.

CRITERION III

If the practice of the occupation or profession is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services, such arrangement is not adequate to protect the public from persons performing noncredentialed functions and procedures. (The Secretary recognizes this criterion as asking for documentation on why such arrangements are not adequate to protect the public.)

Information Provided

The applicant contends that "speech-language pathologists and audiologists are independent practitioners qualified to identify, assess, and provide nonmedical treatment for individuals with speech, language, and hearing disorders" (Application, page 31). Practitioners operate under their own supervision, even in inpatient facilities. An ASHA survey of providers illustrates that 53 percent work in a school environment; 15 percent, in hospitals; eight percent, rehabilitation units, four percent, private MD offices; and seven percent, in their own offices, etc. (Application, page 31).

Findings

From information provided, the practice of the occupations appear to be outside of inpatient facilities and not under the direction of other health care practitioners. Those practitioners in the school system are under the direction of the educational facility.

Conclusions


Criterion III is met because the clinical work is not necessarily subject to supervision by another health care person or in an inpatient facility.

CRITERION IV

The public is not effectively protected from harm by (private) certification of members of the occupation or by means other than (state) credentialing. (The KDHE Secretary recognizes this criterion as asking for documentation on why certification [nongovernmental or federal] or other means are not effective in protecting the public from harm.)

Information Provided

National (private) certification for speech-language pathologists and audiologists is through the American Speech-Language-Hearing Association (ASHA).

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There are at least 1,009 speech-language pathologists and 65 audiologists in Kansas (Official Record, Minutes, 11-13-89 Meeting, page four). The applicant estimates there are another 223 persons practicing who have appropriate training but are not members or certified by ASHA. The applicant explained that private certification is not adequate since it is a voluntary process and, therefore, unenforceable (Application, page 32). ASHA has developed standards of practice for the occupations but no mechanism of enforcement (Application, page 33). In addition, ASHA certification lacks a requirement for continuing education.

Speech-language pathologists and audiologists in the public school systems must be certified as a teacher by the State Board of Education and must have a master's degree in respective field (Application, page 34). Previously, the school system hired bachelor's level practitioners. The applicant did not state what the date was when the requirement for a teaching certificate for persons providing speech-language pathology and for persons providing audiology services changed from a bachelor's degree to a master's degree. The applicant was unable to provide any information on the number of certified teachers who also provide private practice services. To fit and dispense hearing aids, one must be licensed by the Kansas Board of Hearing Aid Examiners. Seventy out of 237 persons licensed by this board are audiologists. No federal certification requirements exist. To receive Medicare or Medicaid reimbursement for services, the speech-language pathologists or audiologists must be ASHA certified.

The Food and Drug Administration requires a medical evaluation before the sale of a hearing aid. Patients under the age of 18 must have an audiology evaluation prior to the purchase of a hearing aide (Application, page 34). The applicant contends that this regulation is too narrow to protect the public from the unrestricted use of devices and substances of the occupations (Application, page 34).

Findings

From the information provided, it appears private certification and other means besides state credentialing are in place and do provide the public some protection. However, the public is not effectively protected from the potential for harm from bachelor's level practitioners in the school systems, unqualified practitioners in private practice, and from other health care personnel providing services beyond training.

Conclusions

Criterion IV is met.

CRITERION V

The effect of credentialing of the occupation on the cost of health care to the public is minimal. (The KDHE Secretary stipulates that the applicant, in determining if the cost of health care to the public is minimal, shall consider fees-for-services, salaries and wages, and payments to members and services covered by the public and private insurance programs.)

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Information Provided

According to the applicant, fees for services vary according to employment setting. Speech-language pathology services are generally based on an hourly rate ranging from \$50 to \$125 per hour (Application, page 35). Audiology fees are usually based on the procedure completed. A hearing test range from \$18 to \$300. The applicant maintains that fees would not be impacted due to licensure since fees are determined by individual cost-accounting procedures (Application, page 35). Speech-language pathologists and audiologists currently receive third-party reimbursement. A consumer must be referred by a physician for insurance reimbursement. Therefore, a state credentialing requirement will probably not impact current status (Application, page 34).

According to the applicant, the cost to the state of a licensure requirement would be the administrative cost of the board and fees can be set to cover these costs (Application, pages 36 and 37).

Findings

From the information provided, the two occupations already receive third-party reimbursement and part of the cost of state regulation would be borne by the occupations through the licensure fees. Therefore, the cost of credentialing would be minimal.

Conclusions

Criterion V is met.

CRITERION VI

The effect of credentialing of the occupation on the availability of health care personnel providing services provided by such occupation is minimal.

Information Provided

The applicant concludes that the effects of credentialing on the mobility of current speech-language pathologists and audiologists will be minimal since most of the 38 states that license the occupations have reciprocal agreements to license professionals moving into the state (Application, page 37).

The applicant proposes that individuals who are currently employed in the occupations at the time the licensure law goes into effect will be grandfathered into the licensing process (Application, page 37, and Official Record, Exhibit 6b).

The applicant stated, "There are 190 persons who only have a bachelor's degree employed as speech-language pathologists or audiologists in the Kansas public school systems" (Official Record, Exhibit 11). The applicant stated that there is a 50-50 split of members in urban/rural settings (Official Record, Minutes 3-9-90.) The applicant notes that Kansas ranks better than the national ratio of certified speech-language pathologists and audiologists per 100,000

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population. The ration nationally is 20.9/100,000 population where Kansas is at 26.5 speech-language pathologists and audiologists per 100,000 population (Official Record, Exhibits 5 and 11). No optimal ratio was available to determine if the ratio is adequate or not.

According to the applicant, some rural areas have difficulty in recruiting qualified health care professionals in a variety of fields. However, the impact on the availability of practitioners in rural areas should be minimal due to the grandfather process (Official Record, Minutes, 11-13-89 Meeting, page 12). The Kansas Hospital Association noted that licensure of speech-language pathologists and audiologists would have little, if any, impact on hospitals' ability to deliver these services. However, some rural hospitals have problems with recruitment of a variety of health care practitioners (Official Record, Exhibit 16). A letter from a rural Kansas hospital administrator expressed the existing problem with obtaining a certified speech-language pathologist or audiologist as required by Medicare (Official Record, Exhibit 16).

Findings

From the information provided, the effect of licensure of speech-language pathologists and audiologists would appear to be minimal on the availability of speech-language pathologists and audiologists providing services in the state. One technical committee member asked that his concerns be noted about the possible effects of licensure on the already existing problem in rural areas of attracting health care professionals.

Conclusions

Criterion VI is met.

CRITERION VII

The scope of practice of the occupation is identifiable.

Information Provided


The scope of practice of speech-language pathologists, as defined in the model bill proposal, is:

. . . rendering or offering to render to individuals or groups of individuals who have or are suspected of having disorders of communication any service in speech-language pathology including:

- (1) prevention, identification, evaluation, consultation, habilitation, rehabilitation, instruction, and research;
- (2) determining the need for personal augmentative communication systems, recommending such systems, and providing training in utilization of such systems; and (3) planning, directing, conducting, or supervising such services (Official Record, Exhibit 6b).

The scope of practice for audiologists is defined in the revised bill proposal as:

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. . . rendering or offering to render to individuals or groups of individuals who have or are suspected of having disorders of hearing any services in audiology including: (1) prevention, identification, evaluation, consultation, habilitation or rehabilitation (other than hearing aid or other assistive listening device dispensing), instruction, and research; (2) participating in hearing conservation; (3) providing auditory training and speech reading; (4) conducting tests of vestibular functions; (5) evaluating tinnitus; and (6) planning, directing, conducting, or supervising services (Official Record, Exhibit 6b).

Examples of the scope of practices used in other state licensure laws for the two professions were included in the application (Application, Appendix N). The applicant notes that the national private certification association (ASHA) of the occupations recognizes these definitions as the scope of practices of speech-language pathologists and audiologists (Application, page 38).

Findings

From the information provided, there appears to be an identifiable scope of practice for the two occupations.

Conclusions

Criterion VII is met.

CRITERION VIII

The effect of credentialing of the occupation on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal.

Information Provided

According to the applicant, physicians, physician assistants, nurses, hearing aid dealers, occupational therapists, and respiratory therapists may perform the same or similar functions as speech-language pathologists and audiologists but at different levels of skills and training (Application, pages 39 and 40). Other personnel, such as paraprofessionals, may perform functions under the direction of a speech-language pathologist or audiologist (Official Record, Minutes, 11-13-89 Meeting, page 13). The applicant maintains that credentialing of the two occupations would not impact the scope of practice of the licensed practitioners since they have established scopes of practice (Application, page 41). The Kansas Hearing Aid Association, Inc., and the Kansas Board of Hearing Aid Examiners support the revised proposal since audiologists will not be pursuing separate licensure to fit or dispense hearing aids or assistive listening devices (Official Record, Exhibits 9 and 12). The present licensing law requires individuals who fit and/or dispense hearing aids to be licensed by the Board of Hearing Aid Examiners (Official Record, Exhibits 9 and 12). Therefore, audiologists performing these functions would have to be licensed by the Board of Hearing Aid Examiners.

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According to the applicant, paraprofessionals would still be able to perform functions under the supervision of speech-language pathologists and audiologists or licensed health care professionals.

Findings

From the information provided, the effects of licensure of speech-language pathologists and audiologists on the scope of practice of other licensed/registered or unregulated health care personnel appears to be minimal.

Conclusions

Criterion VIII is met.

CRITERION IX

Nationally recognized standards of education or training exist for the practice of the occupation and are identifiable.

Information Provided

The American Speech-Language-Hearing Association (ASHA) has established educational and training standards for speech-language pathology and audiology. These standards involve: (1) graduation from a master's or doctoral degree in the respective field (speech-language pathology or audiology), (2) completion of 375 clock hours of supervised clinical observation and practicum in the respective field of study, and (3) completion of a 36-week clinical fellowship (full-time professional experience) in the respective field of study. (For more information, see Criterion II, pages five and six of this report.) In Kansas, four universities offer ASHA-accredited speech-language pathology programs (Application, pages 27 and 28). There are two universities in Kansas that offer ASHA-accredited audiology programs (Application, pages 27 and 28).

Findings

The American Speech-Language-Hearing Association (ASHA) has established educational and training standards that are identifiable. ASHA accredits educational programs.

Conclusions

Criterion IX is met.

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CRITERION X - LEVEL OF CREDENTIALING

The statutes state that all recommendations of the technical committee relating to the level or levels of credentialing of speech-language pathologists and audiologists must be consistent with the policy that the least regulatory means of assuring the protection of the public is preferred. The options afforded by statutes beginning with the least regulatory and ending with the most regulatory are: (1) statutory regulation such as the creation or extension of civil action, criminal prohibitions, or injunctive remedies; (2) registration; and (3) licensure.

The remainder of this report is an analysis of the three credentialing options (statutory regulation, registration, and licensure) and recommendations concerning the most appropriate level or levels of credentialing to help protect the public from the cause of the documented harm.

Option 1 - Statutory Regulation

The statutes state that statutory regulation, other than registration or licensure, by the creation or extension of statutory causes of civil action, criminal prohibitions, or injunctive remedies is the appropriate level of credentialing when this level will adequately protect the public.

Information Provided

No information was provided. It does not appear that other regulatory actions have been pursued or are being considered by other states in the form of criminal or civil law or injunctive remedies to address the issue of harm.

Option 2 - Registration

The statutes state that registration is the appropriate level when statutory regulation is not adequate to protect the public and when registration will adequately protect the public by identifying practitioners who possess certain minimum occupational skills so that members of the public may have a substantial basis for relying on the services of such practitioners.

Information Provided

No state currently registers members of these two occupations. The State of Minnesota is pursuing a registration bill for speech-language pathologists and audiologists. Registration restricts the use of titles and requires those choosing to become registered to meet specific educational requirements and pass an examination. Registration does not prevent anyone from practicing the occupation as long as he/she does not refer to himself/herself as a speech-language pathologist or audiologist. Only a licensure law would restrict a scope of practice to those who demonstrate competency. It was noted in Criterion I there were several examples of unqualified persons using the title audiologist.

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The applicant maintains that registration would allow consumers to identify qualified practitioners. However, registration would not address those practitioners who choose not to be registered and the unethical practitioner (Application, page 43).

Option 3 - Licensure

The statutes state that licensure is the appropriate level when statutory regulation and registration is not adequate to protect the public and when the speech-language pathologists and audiologists to be licensed perform functions not ordinarily performed by persons in other occupations or professions.

Information Provided

Thirty-six states license speech-language pathologists and audiologists. A licensure law would restrict the scope of practice to individuals who demonstrate competency (meet qualifications) and are licensed by the state. Licensure also protects the title of the occupation.

The applicant maintains that licensure would adequately protect the public by regulating the factors that cause harm: unethical and unqualified practice (Application, page 44). The applicant contends that harm to the client is due to unqualified persons providing services and qualified persons who have acted incompetently or unethically (Application, page 2, and Official Record, Exhibit 3). According to the applicant, a licensing law would rectify these situations by setting the qualifications for practitioners of the two professions and by identifying to the public and to other health care providers appropriate practitioners. In addition, a licensure law would set ethical standards of qualified practitioners and enforce such standards (Application, pages 12 and 42).

The applicant states that:

Communication requires a combination of three general aspects of human functioning: physiological, psychological, and social. Persons in other occupations, therefore, have knowledge of some aspects of human communication, but not necessarily others. Physicians, for example, primarily deal with the anatomical and physiological aspects of communication. Psychologists primarily deal with the psychological aspects. Speech-language pathologists and audiologist, however, are educated in all aspects of human communication and its disorders. Ordinarily, therefore, speech-language pathologists and audiologists are the professionals best educated for the nonmedical diagnosis and treatment of communication disorders (Application, page 44).

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RECOMMENDATIONS RELATED TO THE LEVEL OR LEVELS
OF CREDENTIALING TO PROTECT THE PUBLIC

The technical committee finds the criteria to be met and that there is a significant need shown for credentialing speech-language pathologists and audiologists. The technical committee concludes that the scope of practice of speech-language pathologists and audiologists should be restricted to qualified personnel. Therefore, the technical committee recommends that licensure for speech-language pathologists and audiologists is the appropriate level of credentialing to protect the public from the documented harm.

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Action 2-27

Proposed Amendments

March 6, 1991

Session of 1991

HOUSE BILL No. 2104

By Committee on Public Health and Welfare

2-1

8 AN ACT providing for licensure of speech-language pathologists and
9 audiologists; establishing a speech-language pathology and au-
10 diology commission and prescribing the powers and duties thereof;
11 prohibiting certain acts and prescribing penalties for violations
12 thereof.

13

14 *Be it enacted by the Legislature of the State of Kansas:*

15 Section 1. As used in this act, the following words and phrases
16 shall have the meanings respectively ascribed to them in this section:

17 (a) "Secretary" means the secretary of health and environment.

18 (b) "Speech-language pathology" means the application of prin-
19 ciples, methods and procedures related to the development and
20 disorders of human communication. Disorders include any and all
21 conditions, whether of organic or nonorganic origin, that impede the
22 normal process of human communication including disorders and
23 relative disorders of speech, articulation, fluency, voice, verbal and
24 written language, auditory comprehension, cognition/communica-
25 tion, and oral pharyngeal and/or laryngeal sensorimotor
26 competencies.

27 (c) "Practice of speech-language pathology" means:

28 (1) Rendering or offering to render to individuals or groups of
29 individuals who have or are suspected of having disorders of com-
30 munication, any service in speech-language pathology including pre-
31 vention, identification, evaluation, consultation, habilitation,
32 rehabilitation, instruction and research;

33 (2) determining the need for personal augmentative communi-
34 cation systems, recommending such systems and providing training
35 in utilization of such systems; and

36 (3) planning, directing, conducting or supervising such services.

37 (d) "Speech-language pathologist" means a person who engages
38 in the practice of speech-language pathology and who meets the
39 qualifications set forth in this act.

40 (e) "Audiology" means the application of principles, methods and
41 procedures related to hearing and the disorders of hearing and to
42 related language and speech disorders. Disorders include any and
43 all conditions, whether of organic or nonorganic origin, peripheral

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1 or central, that impede the normal process of human communication
2 including, but not limited to, disorders or auditory sensitivity, acuity,
3 function or processing.

4 (f) "Practice of audiology" means:

5 (1) Rendering or offering to render to individuals or groups of
6 individuals who have or are suspected of having disorders of hearing,
7 any service in audiology, including prevention, identification, eval-
8 uation, consultation, habilitation or rehabilitation (other than hearing
9 aid or other assistive listening device dispensing), instruction and
10 research;

11 (2) participating in hearing conservation;

12 (3) providing auditory training and speech reading;

13 (4) conducting tests of vestibular function;

14 (5) evaluating tinnitus; and

15 (6) planning, directing, conducting or supervising services.

16 (g) "Audiologist" means any person who engages in the practice
17 of audiology and who meets the qualifications set forth in this act.

18 (h) "Speech-language pathology assistant" means an individual
19 who meets minimum qualifications established by the secretary which
20 are less than those established by this act as necessary for licensing
21 as a speech-language pathologist; does not act independently; and
22 works under the direction and supervision of a speech-language pa-
23 thologist licensed under this act.

24 (i) "Audiology assistant" means an individual who meets mini-
25 mum qualifications established by the secretary, which are less than
26 those established by this act as necessary for licensing as an au-
27 diologist; does not act independently; and works under the direction
28 and supervision of an audiologist licensed under this act.

29 Sec. 2. (a) There is hereby established a speech-language pa-
30 thology and audiology ~~commission~~. Such ~~commission~~ shall be advi-
31 sory to the secretary of health and environment in all matters
32 concerning standards, rules and regulations and all matters relating
33 to this act.

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34 (b) The ~~commission~~ shall be composed of five persons appointed
35 by the secretary who have been residents of this state for at least
36 two years ~~and who are actively engaged in the practice of audiology~~.
37 The secretary may make appointments from a list submitted by
38 professional organizations representing speech pathologists and au-
39 diologists. ~~The commission shall be composed of at least three mem-
40 bers licensed, or initially eligible for licensure, under this act.~~

. Two members shall be licensed, or initially eligible for licensure, as speech-
language pathologists; one member shall be licensed, or initially eligible for
licensure, as an audiologist; one member shall be a licensed physician; and one
member shall be a member of the general public who is not a health care provider.

41 (c) Members of the commission attending meetings of such com-
42 mission or attending a subcommittee meeting thereof authorized by
43 such commission shall be paid compensation, subsistence allowances,

1 mileage and other expenses as provided in K.S.A. 75-3223 and
2 amendments thereto.

3 (d) ~~Commission~~ members shall be appointed for a term of ~~three~~
4 years and until their successors are appointed and qualified, except
5 that of the initial appointments, which shall be made within 60 days
6 after the effective date of this act, ~~one member shall be appointed~~
7 ~~for a term of one year, two members shall be appointed for terms~~
8 ~~of two years and two members shall be appointed for terms of three~~
9 years as specified by the secretary. Whenever a vacancy occurs on
10 the commission by reason other than the expiration of a term of
11 office, the secretary shall appoint a successor of like qualifications
12 for the remainder of the unexpired term. No person shall be ap-
13 pointed to serve more than two successive ~~three-year~~ terms.

Board

two

two members first appointed

, shall serve on the board for terms of one year and thereafter, upon expiration
of such one-year terms, successors shall be appointed in the same manner as the
original appointments. The chairperson of the board shall be elected annually
from among the members of the board.

two

14 Sec. 3. The secretary shall:

(e) Appointments to fill vacancies shall be made in the same manner as
original appointments for the unexpired portion of the term. The secretary may
terminate the appointment of any member for cause which in the opinion of the
secretary reasonably justifies such termination.

15 (a) Issue to each person who has met the education and training
16 requirements listed in section 5 and amendments thereto and such
17 other reasonable qualifications as may be established by rules and
18 regulations promulgated by the secretary, the appropriate license as
19 a speech-language pathologist or audiologist;

20 (b) establish by regulation the methods and procedures for ex-
21 amination of candidates for licensure;

22 (c) appoint employees necessary to administer this act and fix
23 their compensation within the limits of appropriations made for that
24 purpose;

25 (d) keep a record of the commission's proceedings and a register
26 of all applicants for and recipients of licenses; and

27 (e) make all such reasonable rules and regulations as deemed
28 necessary to carry out and enforce the provisions of this act.

29 Sec. 4. ~~It~~ shall be unlawful for any person to engage in the
30 practice of speech-language pathology or audiology for a fee in the
31 state of Kansas unless they have been issued a valid license pursuant
32 to this act or are specifically exempted from the provisions of this
33 act. It shall be unlawful for any person to hold themselves out to
34 the public as a "speech pathologist," "speech therapist," "speech
35 correctionist," "speech clinician," "language pathologist," "voice ther-
36 apist," "voice pathologist," "logopedist," "communicologist," "aphas-
37 iologist," "phoniatriest," "audiologist," "audiometrist," "hearing
38 therapist," "hearing clinician," "hearing aid audiologist," or any var-
39 iation, unless they have been appropriately licensed by this act.
40 Notwithstanding the provisions of this act, any person who engages
41 in the practice of dispensing and fitting hearing aids as defined by
42 K.S.A. 74-5807 and amendments thereto must be licensed under
43 and adhere to the provisions of that act.

On or after September 1, 1992, it

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1 Sec. 5. Speech-language pathologists or audiologists shall meet
2 the following qualifications for licensure under this act:

3 (a) Possess at least a master's degree or equivalent in speech-
4 language pathology or audiology from an educational institution ap-
5 proved by the secretary which consists of coursework approved by
6 the secretary pursuant to the rules and regulations;

7 (b) complete supervised clinical practicum experiences from an
8 educational institution or its cooperating programs the content of
9 which shall be approved by the secretary and delineated in the rules
10 and regulations;

11 (c) complete a postgraduate professional experience as approved
12 by the secretary pursuant to the rules and regulations; and

13 (d) pass an examination in speech-language pathology or audiol-
14 ogy approved by the secretary.

15 Sec. 6. (a) Any applicant for licensure shall submit an application
16 to the secretary upon the forms prescribed and furnished by the
17 secretary and shall pay appropriate fees as established by the sec-
18 retary, including examination fees if required. ~~Any initial fee shall~~
19 ~~be for the period of two years following the date of application.~~ All
20 licenses shall expire after two years and may be renewed by showing
21 proof of completing required continuing education and paying a re-
22 newal fee to be established and collected by the secretary.

23 ~~(b) Upon due application and payment of a licensure fee as es-~~
24 ~~tablished by the secretary within one year subsequent to the effective~~
25 ~~date of this act, the secretary may waive the education, practicum,~~
26 ~~examination and experience requirements and grant a license to all~~
27 ~~speech-language pathologists or audiologists so long as they have~~
28 ~~been employed in that capacity for at least two of the three years~~
29 ~~immediately prior to the effective date of this act. Upon payment~~
30 ~~of such fee and proof of completion of continuing education require-~~
31 ~~ments as established by the secretary, the secretary shall renew such~~
32 ~~licenses.~~

33 ~~(c) The secretary, upon application and payment of the fee fixed~~
34 ~~by the secretary, may issue a license as a speech-language pathologist~~
35 ~~or audiologist to any person who holds a valid license or its equivalent~~
36 ~~issued to such person by another state or country if the requirements~~
37 ~~for the licensure of the speech-language pathologist or audiologist~~
38 ~~under which such license or equivalent was issued are equivalent~~
39 ~~to or exceed the standards of this act.~~

40 ~~(d) The secretary, upon application and payment of the fee fixed~~
41 ~~by the secretary, shall issue to persons meeting the education and~~
42 ~~experience requirements a temporary license which shall be valid~~
43 ~~only for the period preceding the first scheduled examination after~~

of study

submitting an application,

(b) At least 30 days before the expiration of the license, the secretary shall notify the licensee of the expiration by mail addressed to the licensee's last place of residence as noted upon the office records. If the licensee fails to submit an application and fee by the date of expiration of the license, the licensee shall be given a second notice that the registrant's license has expired and the license may only be renewed if the application, renewal fee, and late renewal fee are received by the secretary within the 30-day period following the date of expiration and, if both fees are not received within the 30-day period, the licensee shall be considered to have lapsed for failure to renew and shall be reissued only after the applicant has been reinstated under subsection (c).

(c) Any licensee who allows the licensee's license to lapse by failing to renew as herein provided may be reinstated upon payment of the renewal fee and the reinstatement fee, and upon submitting evidence of satisfactory completion of any applicable continuing education requirements established by the secretary. The secretary shall adopt rules and regulations establishing appropriate continuing education requirements for reinstatement of persons whose registrations have lapsed for failure to renew.

(d)

September 1, 1992,

any applicant

: (1) met the educational, supervised clinical practicum experiences and post-graduate professional experience set forth in this act on or before September 1, 1992; or (2) have a master's degree or equivalent in speech-language pathology or audiology and on the effective date of this act have been actively engaged in the practice of speech-language pathology or audiology for at least two years of the last four years immediately preceding September 1, 1992; or (3) have a bachelor's degree in speech-language pathology or audiology and hold a current teaching certificate by the Kansas department of education as a speech-language pathologist or audiologist on the effective date of this act and has been actively engaged in the practice of speech-language pathology or audiology for at least three years of the last five years immediately preceding September 1, 1992; or on the effective date of the act is certified by a national organization of speech-language pathologists or audiologists approved by the secretary.

(e)

(f)

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1 its issuance and until the date on which the results have been made
2 public. This temporary license may be renewed by appeal to the
3 secretary if the applicant has failed the examination, but such tem-
4 porary license shall be renewed no more than two times.

Sec. 7. The secretary may contract with investigative agencies, commissions,
or consultants to assist the secretary in obtaining information about courses of
study and supervised clinical practicum experiences to be approved by the
secretary under section 5.

5 ~~Sec. 7.~~ The secretary shall deny, revoke, suspend or limit the
6 license provided for in this act for any of the following reasons:

Sec. 8.

7 (a) Making a false statement on an application for a license, reg-
8 istration or any other document required by the secretary;

9 (b) engaging or attempting to engage, or representing oneself as
10 so entitled, to perform procedures not authorized in the license;

11 (c) demonstrating incompetence or making consistent negligent
12 errors in tests or procedures;

13 (d) engaging in dishonorable, unethical or unprofessional conduct
14 of a character likely to deceive, defraud or harm the public;

15 (e) providing professional services while mentally incompetent,
16 under the influence of alcohol or narcotic or controlled dangerous
17 substance that is in excess of therapeutic amounts or without valid
18 medical indication;

19 (f) violating or aiding and abetting in a violation of any provisions
20 of this act or any of the rules or regulations adopted under this act.

Sec. 9.

21 ~~Sec. 8.~~ Proceedings under this act shall be conducted in ac-
22 cordance with the Kansas administrative procedure act. Judicial re-
23 view and civil enforcement of agency actions under this act shall be
24 in accordance with the act for judicial review and civil enforcement
25 of agency actions.

Sec. 10.

26 ~~Sec. 9.~~ Any person who violates any of the provisions of this act
27 shall be guilty of a class C misdemeanor and each day in violation
28 of this act shall be considered a separate offense.

Sec. 11.

29 ~~Sec. 10.~~ The provisions of this act shall not apply to:

30 (a) Personnel employed by the United States government;

31 (b) practitioners licensed or registered by the state of Kansas as
32 health care providers who are providing services within the lawful
33 scope of their authority so long as they do not hold themselves out
34 to the public by a title set forth in section 4;

35 (c) persons duly credentialed by this state as a teacher of the
36 deaf or hearing impaired;

who are providing services within the lawful scope of their authority so long as
they do not hold themselves out to the public by a title set forth in section 4

37 (d) the activities and services of persons pursuing a course of
38 study leading to a degree in speech-language pathology or audiology
39 at a college or university provided that: (1) These activities and
40 services constitute a part of the organized course of study at that
41 institution; (2) such persons are designated by a title such as intern,
42 trainee, student, or by other such title clearly indicating the status
43 appropriate to their level of education; and (3) such persons work

1 under the supervision of a person licensed by this state to practice
 2 speech-language pathology or audiology.
 3 ~~Sec. 11.~~ This act shall take effect and be in force from and after
 4 ~~January 1, 1992,~~ and its publication in the statute book.

Sec. 12. The secretary shall fix by rules and regulations the licensure fee, renewal fee, late renewal fee, reinstatement fee, and examination fee, if necessary, under this act. Such fees shall be fixed in an amount to cover the costs of administering the provisions of the act. The secretary shall remit all monies received from fees, charges, or penalties under this act to the state treasurer at least monthly. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury and credit the same to the general fund.

→ Sec. 13.

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3-6-91
Attorney R-32



KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383
Kansas WATS 800-332-0156 FAX 913-235-5114

March 6, 1991

TO: House Public Health and Welfare Committee
FROM: Kansas Medical Society *Chip Weelen*
SUBJECT: House Bill 2104; Licensure of Audiologists

Thank you for the opportunity to appear today on HB 2104. This subject was discussed rather extensively by the KMS Legislative Committee, which concluded that the potential harm to the public that is posed by noncredentialed persons practicing audiology or speech-language pathology is sufficient to warrant licensure of this category of health care professional.

We do, however, have a number of concerns about the wording of HB 2104. Attached to this statement is a balloon-style draft of amendments to the bill. Two very important amendments to section 1 would make it clear that neither speech-language pathologists nor audiologists may engage in the practice of medicine and surgery. Our recommended amendments to section 2 of the bill would reconstitute the commission to include one otolaryngologist as well as a representative of the general public. We would also recommend that licensee members of the commission should not necessarily be restricted to nominees from a professional association. There may be well-qualified licensees who do not belong to the respective professional association. Our recommended amendment in subsection (b) of section 10 is technical in nature and would appropriately describe those health care providers who would not be considered violating this act when performing the scope of practice authorized by their respective licensure statutes. In the Kansas statutes, there is no such thing as a "practitioner licensed or registered by the State of Kansas as health care providers." Finally, we would recommend an addition to section 10 that would indicate that an employee or other person working under the supervision of a physician would not be prohibited from engaging in the scope of practice described in HB 2104.

Because we discovered a number of technical amendments, we would respectfully suggest that there may be others which we have not detected. Perhaps your staff could analyze this bill thoroughly and recommend other needed changes before this Committee takes any formal action on HB 2104. Thank you for this opportunity, and we would appreciate your consideration of our comments and suggestions.

CW/cb

Attachment

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3-6-91
attm #3*

HOUSE BILL No. 2104

By Committee on Public Health and Welfare

2-1

8 AN ACT providing for licensure of speech-language pathologists and
9 audiologists; establishing a speech-language pathology and au-
10 diology commission and prescribing the powers and duties thereof;
11 prohibiting certain acts and prescribing penalties for violations
12 thereof.
13

14 *Be it enacted by the Legislature of the State of Kansas:*

15 Section 1. As used in this act, the following words and phrases
16 shall have the meanings respectively ascribed to them in this section:

17 (a) "Secretary" means the secretary of health and environment.

18 (b) "Speech-language pathology" means the application of prin-
19 ciples, methods and procedures related to the development and
20 disorders of human communication. Disorders include any and all
21 conditions, whether of organic or nonorganic origin, that impede the
22 normal process of human communication including disorders and
23 ~~relative~~ disorders of speech, articulation, fluency, voice, verbal and
24 written language, auditory comprehension, cognition/com~~m~~municat-
25 ion, and oral pharyngeal and/or laryngeal sensorimotor
26 competencies.

(related

(Speech-language pathology does not mean diagnosis or treatment of medical conditions as defined by K.S.A. 1991 Supp. 65-2869.

27 (c) "Practice of speech-language pathology" means:

28 (1) Rendering or offering to render to individuals or groups of
29 individuals who have or are suspected of having disorders of com-
30 munication, any service in speech-language pathology including pre-
31 vention, identification, evaluation, consultation, habilitation,
32 rehabilitation, instruction and research;

33 (2) determining the need for personal augmentative communi-
34 cation systems, recommending such systems and providing training
35 in utilization of such systems; and

36 (3) planning, directing, conducting or supervising such services.

37 (d) "Speech-language pathologist" means a person who engages
38 in the practice of speech-language pathology and who meets the
39 qualifications set forth in this act.

40 (e) "Audiology" means the application of principles, methods and
41 procedures related to hearing and the disorders of hearing and to
42 related language and speech disorders. Disorders include any and
43 all conditions, whether of organic or nonorganic origin, peripheral

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1 or central, that impede the normal process of human communication
2 including, but not limited to, disorders ~~of~~ auditory sensitivity, acuity, (of
3 function or processing. (

Audiology does not mean diagnosis or treatment
of medical conditions as defined by K.S.A. 1991
Supp. 65-2869.

4 (f) "Practice of audiology" means:
5 (1) Rendering or offering to render to individuals or groups of
6 individuals who have or are suspected of having disorders of hearing,
7 any service in audiology, including prevention, identification, eval-
8 uation, consultation, habilitation or rehabilitation (other than hearing
9 aid or other assistive listening device dispensing), instruction and
10 research;

- 11 (2) participating in hearing conservation;
- 12 (3) providing auditory training and speech reading;
- 13 (4) conducting tests of vestibular function;
- 14 (5) evaluating tinnitus; and
- 15 (6) planning, directing, conducting or supervising services.

16 (g) "Audiologist" means any person who engages in the practice
17 of audiology and who meets the qualifications set forth in this act.

18 (h) "Speech-language pathology assistant" means an individual
19 who meets minimum qualifications established by the secretary which
20 are less than those established by this act as necessary for licensing
21 as a speech-language pathologist; does not act independently; and
22 works under the direction and supervision of a speech-language pa-
23 thologist licensed under this act.

24 (i) "Audiology assistant" means an individual who meets mini-
25 mum qualifications established by the secretary, which are less than
26 those established by this act as necessary for licensing as an au-
27 diologist; does not act independently; and works under the direction
28 and supervision of an audiologist licensed under this act.

29 Sec. 2. (a) There is hereby established a speech-language pa-
30 thology and audiology commission. Such commission shall be advi-
31 sory to the secretary of health and environment in all matters
32 concerning standards, rules and regulations and all matters relating
33 to this act.

34 (b) The commission shall be composed of five ~~persons~~ appointed (members
35 by the secretary who have been residents of this state for at least
36 two years ~~and who are actively engaged in the practice of audiology.~~

37 ~~The secretary may make appointments from a list submitted by~~
38 ~~professional organizations representing speech pathologists and au-~~
39 ~~diologists. The commission shall be composed of at least three mem-~~ (Three
40 ~~bers licensed, or initially eligible for licensure, under this act.~~ (of the commission shall be

41 (c) Members of the commission attending meetings of such com- (One member of the commission shall be a person
42 mission or attending a subcommittee meeting thereof authorized by licensed to practice medicine and surgery in
43 such commission shall be paid compensation, subsistence allowances, this state who specializes in otolaryngology
and one member shall represent the general public.

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1 its issuance and until the date on which the results have been made
2 public. This temporary license may be renewed by appeal to the
3 secretary if the applicant has failed the examination, but such tem-
4 porary license shall be renewed no more than two times.

5 Sec. 7. The secretary shall deny, revoke, suspend or limit the
6 license provided for in this act for any of the following reasons:

7 (a) Making a false statement on an application for a license, reg-
8 istration or any other document required by the secretary;

9 (b) engaging or attempting to engage, or representing oneself as
10 so entitled, to perform procedures not authorized in the license;

11 (c) demonstrating incompetence or making consistent negligent
12 errors in tests or procedures;

13 (d) engaging in dishonorable, unethical or unprofessional conduct
14 of a character likely to deceive, defraud or harm the public;

15 (e) providing professional services while mentally incompetent,
16 under the influence of alcohol or narcotic or controlled dangerous
17 substance that is in excess of therapeutic amounts or without valid
18 medical indication;

19 (f) violating or aiding and abetting in a violation of any provisions
20 of this act or any of the rules or regulations adopted under this act.

21 Sec. 8. Proceedings under this act shall be conducted in ac-
22 cordance with the Kansas administrative procedure act. Judicial re-
23 view and civil enforcement of agency actions under this act shall be
24 in accordance with the act for judicial review and civil enforcement
25 of agency actions.

26 Sec. 9. Any person who violates any of the provisions of this act
27 shall be guilty of a class C misdemeanor and each day in violation
28 of this act shall be considered a separate offense.

29 Sec. 10. The provisions of this act shall not apply to:

30 (a) Personnel employed by the United States government;

31 (b) ~~practitioners licensed or registered by the state of Kansas as~~ (as defined by K.S.A. 1991 Supp. 65-4921 and
32 health care providers who are providing services within the lawful amendments thereto or exempt licensees
33 scope of their authority so long as they do not hold themselves out under the healing arts act
34 to the public by a title set forth in section 4;

35 (c) persons duly credentialed by this state as a teacher of the
36 deaf or hearing impaired;

37 (d) the activities and services of persons pursuing a course of
38 study leading to a degree in speech-language pathology or audiology
39 at a college or university provided that: (1) These activities and
40 services constitute a part of the organized course of study at that
41 institution; (2) such persons are designated by a title such as intern,
42 trainee, student, or by other such title clearly indicating the status
43 appropriate to their level of education; and (3) such persons work

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1 under the supervision of a person licensed by this state to practice
 2 speech-language pathology or audiology.
 3 Sec. 11. This act shall take effect and be in force from and after
 4 January 1, 1992, and its publication in the statute book.

((e) An employee or other person under the supervision of a person licensed to practice medicine and surgery in this state.

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PXW
3-6-91
atm # 3-5

Bob
Clauson
SRS.

Kansas Department of Social and Rehabilitation Services

Testimony Presented to
The House Committee on Public Health and Welfare
Regarding
House Bill 2104
on
March 6, 1991
Room 423-S

Presented by:

George D. Vega, Acting Commissioner
Mental Health and Retardation Services
Department of Social and Rehabilitation Services
Telephone: (913) 296-3773

PKW
3-6-91
Attn #4

Thank you for allowing me to present to you today on HB 2104, an ACT providing for licensure of speech-language pathologists and audiologists. Mental Health and Retardation Services wants to appraise this committee of possible ramifications to personnel in our State Hospitals and Institutions who provide some services as defined in this legislation.

As with most legislation establishing standards for practice for the first time (i.e. psychologists and other therapists) in Kansas, enactment of this bill without regard to services provided in our institutions can result in some current personnel, who have demonstrated through performance competence in provision of services, being barred from performing assigned duties. Based on such experiences, I have a suggestion for an amendment to this bill which would avoid such difficulties.

In Section 10 of the bill insert "(b) personnel employed by the Kansas State government;" and re-alphabetize accordingly.

Thank you for allowing me to speak to HB 2104. I have the suggested amendment marked on a copy of page five of the bill. If you have any questions I would be happy to address them.

DKW
3-6-91

Attn # 4-2

1 its issuance and until the date on which the results have been made
2 public. This temporary license may be renewed by appeal to the
3 secretary if the applicant has failed the examination, but such tem-
4 porary license shall be renewed no more than two times.

5 Sec. 7. The secretary shall deny, revoke, suspend or limit the
6 license provided for in this act for any of the following reasons:

7 (a) Making a false statement on an application for a license, reg-
8 istration or any other document required by the secretary;

9 (b) engaging or attempting to engage, or representing oneself as
10 so entitled, to perform procedures not authorized in the license;

11 (c) demonstrating incompetence or making consistent negligent
12 errors in tests or procedures;

13 (d) engaging in dishonorable, unethical or unprofessional conduct
14 of a character likely to deceive, defraud or harm the public;

15 (e) providing professional services while mentally incompetent,
16 under the influence of alcohol or narcotic or controlled dangerous
17 substance that is in excess of therapeutic amounts or without valid
18 medical indication;

19 (f) violating or aiding and abetting in a violation of any provisions
20 of this act or any of the rules or regulations adopted under this act.

21 Sec. 8. Proceedings under this act shall be conducted in ac-
22 cordance with the Kansas administrative procedure act. Judicial re-
23 view and civil enforcement of agency actions under this act shall be
24 in accordance with the act for judicial review and civil enforcement
25 of agency actions.

26 Sec. 9. Any person who violates any of the provisions of this act
27 shall be guilty of a class C misdemeanor and each day in violation
28 of this act shall be considered a separate offense.

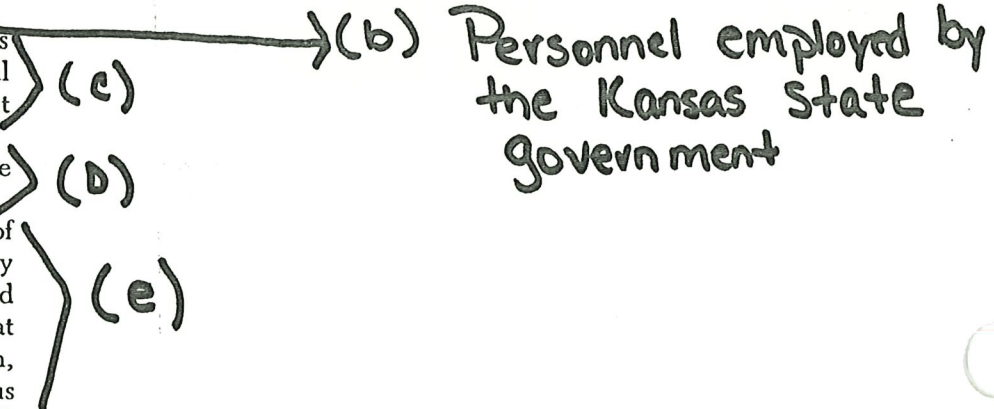
29 Sec. 10. The provisions of this act shall not apply to:

30 (a) Personnel employed by the United States government;

31 ~~(b)~~ practitioners licensed or registered by the state of Kansas as
32 health care providers who are providing services within the lawful
33 scope of their authority so long as they do not hold themselves out
34 to the public by a title set forth in section 4;

35 ~~(c)~~ persons duly credentialed by this state as a teacher of the
36 deaf or hearing impaired;

37 ~~(d)~~ the activities and services of persons pursuing a course of
38 study leading to a degree in speech-language pathology or audiology
39 at a college or university provided that: (1) These activities and
40 services constitute a part of the organized course of study at that
41 institution; (2) such persons are designated by a title such as intern,
42 trainee, student, or by other such title clearly indicating the status
43 appropriate to their level of education; and (3) such persons work



Return # 4-3
PRLW
3-6-01

I.

I am Sara Dale Brandt --- Everyone calls me "Sally". I am Chief of Speech Language Services at Kansas University Medical Center and an adjunct Assistant Professor of Hearing and Speech at the University of Kansas. I appreciate the opportunity to appear here today to discuss H.B. # 2104.

Today, I represent as president approximately 600 members of the Kansas Speech-Language-Hearing Association which is the professional organization composed of a majority of the speech-language pathologists and audiologists in Kansas.

Practitioners in the fields of speech-language pathology and audiology are responsible for the evaluation of, planning for, and delivery of treatment for all manner of communication disorders.

An audiologist evaluates the functioning level of the auditory system and manages the nonmedical aspect of hearing loss. The audiologist determines the types and degree of hearing deficit and auditory processing abilities, then provides rehabilitation or assistive listening device selection for consumers with hearing impairment.

A speech-language pathologist evaluates and treats consumers with communication disorders due to delay or failure to develop speech and language or loss of speech and language skills due to injury, stroke, or other physical and medical problems.

Speech-Language Pathology and Audiology is recognized as an academic discipline. Educational programs exist at four Kansas Universities--the University of Kansas, Kansas State University, Wichita State University* and Fort Hays State University. These educational programs prepare students at the graduate level with in-depth knowledge of normal communicative processes and development, disorders of communication, evaluation procedures, and clinical techniques to improve or eradicate communication disorders.

Upon completion of the master's degree, speech-language pathologists and audiologists enter employment in diverse settings but may elect to participate in a voluntary clinical fellowship year requiring supervision to ensure professional competency. The minimal educational requirements to practice speech-language pathology and audiology have been in effect for 25 years and are recognized by 39 states which license these professionals, the U.S. Department of Education, the Kansas Department of Education, and federal agencies involved in regulating and reimbursing the services by speech-language-hearing professionals.

P. H. W.
3-6-91
allm #5

* I consider them very good
or they certainly need to be.

Speech-language pathologists and audiologists work in developmental centers, schools, colleges and universities; hospitals, residential health care facilities, medical centers, rehabilitation centers, home health agencies, private medical offices, private speech and hearing centers and industrial facilities. In Kansas and nationwide, approximately 50% of professionals work in public school settings. The other half are in medical or clinical settings.

Perhaps 10% of our population have disorders of speech, language and hearing. The vast majority of these are the very young and those over 65, those least able to speak for themselves. HB 2104 is a consumer bill to protect those users of Speech-Language-Hearing services. Kansas, currently does not have any mechanism to prohibit practice by unqualified, incompetent, or unethical practitioners. Nationwide data indicate that up to 30 percent of individuals providing speech-language-hearing service do not meet the minimum professional qualifications established for entry into the profession. National data also show that ethical complaints filed in recent years have been of increasing severity related to cases of incompetence, insurance fraud, and sexual abuse.

There are no legal requirements regarding the practice of speech-language pathology and audiology in Kansas. The only recognized certification is voluntary, and there are over 200 practitioners of speech-language pathology and audiology in Kansas who do not hold this certificate. This voluntary certification does not mandate Continuing Education. It does not protect the public from harm, nor does it provide a means of redress of grievance.

The need for licensure became blatant regarding an ASHA certified Speech-Language Pathologist who runs a large private practice in Kansas City. Professionals in that area were concerned about a series of reports regarding unethical conduct. They sent their concerns to the national organization which in January, 1991, issued the following report:

The Ethical Practice Board of ASHA has determined that the following member of the American Speech-Language-Hearing Association has been found in violation of the following provisions of the Code of Ethics:

Principle of Ethics I, for failure to hold the welfare of patients paramount by failing to individualize programs for evaluation and diagnosis and by failing to individualize her recommendations.

Principle of Ethics II, for failure to maintain high standards of professional competence. This finding is based upon her statements of false clinical facts, her improper clinical

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attm #5-2*

judgments and diagnoses, her failure to perform an appropriate hearing screening, her failure to set realistic therapeutic goals, and her taking of an inadequate clinical history of a child.

Principle of Ethics II D, for maintaining inadequate records. This finding is based upon inconsistent and inaccurate information contained on evaluation forms for a client. Principle of Ethics II, Ethical Proscription 3, for improperly delegating to supportive personnel services requiring the competence of a certified professional.

Principle of Ethics III, for failing to provide accurate statements about the nature of communicative disorders. Principle of Ethics V, Ethical Proscription 2, for dishonesty in connection with representations concerning the performance of an evaluation, including falsely indicating that the evaluation was performed by a certified clinician while Respondent knew that the individual who performed the evaluation was not certified. The sanction imposed by the Ethical Practice Board was censure.

The Missouri Licensure Board currently has the case under review. Even if she should lose her Missouri license, she is not in any way barred from continuing these practices in Kansas, and there is no mechanism in Kansas to monitor her professional conduct. Read also the second notice which follows on the handout. It is of great concern that the practitioner listed there who lost his certification could move his practice to one of the 11 states without licensure, of which Kansas is one.

Licensure is to protect the consumer from this kind of unethical practice. Thirty-nine other states have found the need to license Speech-Language-Hearing professionals. In the 22 years since Florida passed the first licensure law, not one state has rescinded licensure during sunset review.

Licensure should improve the availability of personnel by allowing professional to work in diverse settings. Now, Speech-Language Pathologists who have public school certification cannot practice in medical facilities without the voluntary certification. Some of our most skilled and respected members who hold the national certification cannot consult in the public schools without public school certification. Licensure should also improve reciprocity with the other 39 states who have licensure. It will not raise fees nor change 3rd party reimbursement.

Licensure will not put anyone out of work. It is not targeted at any one group of professionals and there are generous grandparent provisions in the bill. Licensure will ensure, however, that all professionals keep current through continuing education.

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The explosion of new technology and procedures in the last 5 years make it imperative that all professionals be required to renew their skills and knowledge.

There will be no cost to the General Fund as internal fees will offset any administrative costs.

Licensure is the only way to protect the consumer by identifying qualified providers and monitoring the practice of the profession.

Our licensure application has been carefully studied by the seven member technical committee of the Department of Health and Environment. As a result of nine months of review, this committee recommended licensure for these professionals. Tom Gray, the KSHA member at large and Chair of the Licensure Committee will now discuss this review and the Committee's findings.

Licensure for Speech-Language Pathologists/Audiologists is a small way to make a big difference in the quality of both health care and education in Kansas this year.

Thank you for your careful, timely consideration of HB 2104.

JHFW
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Ethical Practice Board Actions

Effective February 1986, the Ethical Practice Board (EPB) publishes in the journal *Asha* the names of individuals found in violation of the following provisions of the Code of Ethics when the sanction is censure or revocation of membership and/or certification, or when publication of other sanctions is mandated by the EPB. In accordance with the Ethical Practice Board Statement of Practices and Procedures, persons whose membership or certification has been revoked may, upon application therefore, be reinstated after one year upon a two-thirds vote of the EPB. The applicant bears the burden of demonstrating that the reason(s) for revocation no longer exist and that, upon reinstatement, applicant(s) will abide by the Code of Ethics.

The Ethical Practice Board of ASHA has determined that the following member of the American Speech-Language-Hearing Association has been found in violation of the following provisions of the Code of Ethics:

Principle of Ethics I, for failure to hold the welfare of patients paramount by failing to individualize programs for evaluation and diagnosis and by failing to individualize her recommendations.

Principle of Ethics II, for failure to maintain high standards of professional competence. This finding is based upon her statements of false clinical facts, her improper clinical judgments and diagnoses, her failure to perform an appropriate hearing screening, her failure to set realistic therapeutic goals, and her taking of an inadequate clinical history of a child.

Principle of Ethics II D, for maintaining inadequate records. This finding is based upon inconsistent and inaccurate information contained on evaluation forms for a client.

Principle of Ethics II, Ethical Proscription 3, for improperly delegating to supportive personnel services requiring the competence of a certified professional.

Principle of Ethics III, for failing to provide accurate statements about the nature of communicative disorders.

Principle of Ethics V, Ethical Proscription 2, for dishonesty in connection with representations concerning the performance of an evaluation, including falsely indicating that the evaluation was performed by a certified clinician while Respondent knew that the individual who performed the evaluation was not certified. The sanction imposed by the EPB was censure.

Deborah A. King
Shawnee Mission, Kansas

The Ethical Practice Board of ASHA has determined that the following member of the American Speech-Language-Hearing Association has been found in violation of the Code of Ethics, Principle of Ethics I F, Ethical Proscription 1; Principle of Ethics IV; and Principle of Ethics V B, Ethical Proscription 2 for the crimes for which he was found guilty in the Municipal Court of California, County of Sonoma, on March 2, 1990, those crimes being: 4 counts of rape of an incompetent person, 13 counts of oral copulation on an incompetent person, 1 count of vaginal penetration of an incompetent person, 2 counts of sexual battery, and 1 count of false imprisonment. The sanction imposed by the Ethical Practice Board was revocation of membership and certification.

David E. Collins
Petaluma, California

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*P. Kelly
3-6-91
att #5-5*

HOUSE TESTIMONY

MY NAME IS TOM GRAY. I AM AN AUDIOLOGIST WITH A PRIVATE PRACTICE IN MANHATTAN, KS. I AM THE MEMBER-AT-LARGE OF THE KANSAS SPEECH-LANGUAGE-HEARING ASSOCIATION(KSHA) EXECUTIVE COUNCIL AND CHAIR OF THE KSHA LICENSURE COMMITTEE. THE KSHA SUBMITTED AN APPLICATION FOR LICENSURE TO THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT IN JULY 1989. THE APPLICATION WAS REVIEWED ACCORDING TO THE KANSAS CREDENTIALING ACT (KSA 65-5001, ET SEQ.) BY THE TECHNICAL COMMITTEE AND PUBLIC HEARINGS WERE HELD FROM DECEMBER 1989 TO MARCH 1990. DURING THE PUBLIC HEARINGS THERE WAS NO OPPOSITION VOICED AND THERE WAS SUPPORT FROM SEVERAL ALLIED PROFESSIONS. THE FINDINGS OF THE TECHNICAL REVIEW COMMITTEE WERE THAT ALL NINE CRITERIA WERE MET. THE COMMITTEE FOUND THAT THE APPLICATION HAS MET CRITERION 1 BY DEMONSTRATING THAT THE UNREGULATED PRACTICE OF SPEECH-LANGUAGE PATHOLOGISTS /AUDIOLOGISTS CAN HARM THE PUBLIC AND THE POTENTIAL FOR SUCH HARM IS RECOGNIZABLE AND NOT REMOTE.

A FEW OF THE EXAMPLES OF HARM CONSIDERED BY THE HEALTH AND ENVIRONMENT TECHNICAL COMMITTEE IN DETERMINING THAT THE POTENTIAL FOR HARM EXISTS ARE AS FOLLOWS:

1. AN INCOMPETENT PRACTITIONER WAS DISCOVERED BY A KANSAS CITY AUDIOLOGIST WHO REPORTED THAT A CHILD HAD RECEIVED MEDICAL TREATMENT FOR FLUID IN THE MIDDLE-EARS, WHEN IN FACT THE DIAGNOSIS WAS BASED ON INFORMATION OBTAINED FROM AN AUDIOLOGIST WHOSE EQUIPMENT THAT WAS NOT WORKING. THE UNNECESSARY MEDICATION CONSTITUTES PHYSICAL AND FINANCIAL HARM.

2. EVIDENCE FROM A WICHITA AREA CLEFT PALATE TEAM CITED INAPPROPRIATE SPEECH SERVICES PROVIDED IN THE SCHOOLS TO CHILDREN WHOSE NEED WAS FOR STRUCTURAL OR PROSTHEDONTIC REPAIR. THIS REPRESENTS FINANCIAL HARM FOR THE STATE OF KANSAS AS INAPPROPRIATE USE OF PUBLIC DOLLARS THROUGH THE SCHOOL SYSTEM.

3. A MAN WITH SEVERE CLOSED HEAD INJURY AND SWALLOWING PROBLEMS RECEIVED SERVICES FROM A SPEECH-LANGUAGE PATHOLOGIST WHO MISDIAGNOSED THE NEUROLOGICALLY-BASED EATING AND SWALLOWING PROBLEM AS RELATED ONLY TO DISTRACTIBILITY AND DECREASED ATTENTION SPAN. THE TREATMENT OF LEAVING THE MAN ALONE WHILE HE ATE BY HIMSELF AND TELLING HIM TO EAT FASTER WAS NOT ONLY INAPPROPRIATE BUT POTENTIALLY LIFE-THREATENING. THE FRUSTRATED PARENTS HAD NO RECOURSE FOR THEIR COMPLAINTS.

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4. INAPPROPRIATE EDUCATIONAL PLACEMENT BASED ON INACCURATE SPEECH, LANGUAGE AND HEARING TESTING OCCURRED WHEN A THREE-YEAR OLD GIRL WHO WAS NOT TALKING WAS TAKEN TO A CERTIFIED SPEECH-LANGUAGE PATHOLOGIST AND A CERTIFIED AUDIOLOGIST IN KANSAS. THEY REPORTED THAT SHE WAS ONLY "SHY" AND SHE WOULD TALK WHEN SHE WAS READY. THE PARENTS TOOK THEIR CHILD TO ANOTHER AUDIOLOGIST ONE YEAR LATER WHO DETERMINED THAT THE CHILD HAD A MILD-TO-SEVERE SLOPING SENSORI-NEURAL HEARING LOSS AND FITTED HER WITH BINAURAL HEARING AIDS AND ENROLLED HER IN A SPEECH AND LANGUAGE DEVELOPMENT PROGRAM. THE CHILD MADE IMMEDIATE GAINS AND WAS ABLE TO DO WELL IN A NORMAL KINDERGARTEN AFTER ONE-YEAR OF INTERVENTION.

5. ACCORDING TO RECENT GOVERNMENT PUBLICATIONS, SPECIAL EDUCATION SEVICES IF STARTED AT BIRTH COST \$62,776 PERCHILD. IF SERVICES ARE DELAYED UNTIL A CHILD ENTERS SCHOOL WITH RESULTING INABILITY TO MAINSTREAM THE CHILD INTO REGULAR EDUCATION, THE COST INCREASES TO \$89,836 WITH THE ACTUAL HARM AMOUNTING TO AN EXTRA \$27,000 PER CHILD PAID BY THE STATE OF KANSAS.

IN ADDITION TO FINDING THAT CRITERION I (HARM) WAS MET, THE COMMITTEE FURTHER FOUND THAT THE APPLICATION DEMONSTRATED THAT THE PRACTICE OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS REQUIRES AN IDENTIFIABLE BODY OF KNOWLEDGE OR PROFICIENCIES THAT IS ACQUIRED THROUGH A FORMAL PERIOD OF ADVANCED STUDY AND TRAINING. (CRITERION II). SCOPE OF PRACTICES FOR THE OCCUPATIONS ARE IDENTIFIABLE (CRITERION VII) AS ARE NATIONALLY RECOGNIZED STANDARDS OF EDUCATION(CRITERION IX). THE CLINICAL WORK OF SPEECH-LANGUAGE PATHOLOGISTS/AUDIOLOGISTS IS NOT SUBJECT TO THE SUPERVISION BY ANOTHER HEALTH CARE PERSON(CRITERION III) NOR IS THERE ANY OTHER REGULATORY MECHANISM(CRITERION IV).

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THE COMMITTEE DETERMINED THAT CREDENTIALING WOULD HAVE MINIMAL EFFECTS ON THE:
COST OF HEALTH CARE TO THE PUBLIC(CRITERION V)
AVAILABILITY OF PROFESSIONAL SERVICE(CRITERION VI)
OTHER HEALTH-CARE PERSONNEL(CRITERION VIII)

THE COMMITTEE RECOMMENDED THAT LICENSURE WAS THE APPROPRIATE LEVEL OF CREDENTIALING TO PROTECT THE PUBLIC FROM HARM.

STANLEY C. GRANT, SECRETARY, DEPARTMENT OF HEALTH AND ENVIRONMENT FOR THE STATE OF KANSAS COMPLETED HIS REVIEW IN JULY, 1990. HE ALSO FOUND THAT ALL CRITERIA ESTABLISHED BY KSA 65-5006 WERE MET AND THERE WAS A NEED FOR CREDENTIALING. HIS RECOMMENDATION THAT THE LEGISLATURE PURSUE REGULATORY MEANS TO ASSURE PUBLIC PROTECTION THROUGH THE CURRENT DEPARTMENT OF EDUCATION'S STANDARD OF EDUCATION FOR SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS WHO WORK IN THE PUBLIC SCHOOL SYSTEMS CLEARLY DOES NOT ADDRESS THE BREADTH OF THE ISSUE. MOST OF THE EXAMPLES OF HARM PRESENTED DURING THE HEARINGS AND TODAY ARE NOT UNDER THE JURISDICTION OF THE DEPARTMENT OF EDUCATION AND MANY SPEECH PATHOLOGISTS AND AUDIOLOGISTS WORK IN PRIVATE PRACTICES AND OTHER SETTINGS THAT ARE COMPLETELY UNREGULATED. LICENSURE WAS THE LEVEL OF CREDENTIALING RECOMMENDED BY THE TECHNICAL COMMITTEE BECAUSE IT BELIEVES THAT CONSUMERS WOULD BENEFIT FROM A SYSTEM WHICH REQUIRES PROVIDERS OF SPEECH, LANGUAGE AND HEARING SERVICES TO BE HELD ACCOUNTABLE FOR THEIR PROFESSIONAL ASSESSMENT, THE PROVISION OF SERVICE AND ALL ASPECTS OF PROFESSIONAL ACTIVITY REGARDLESS OF THE EMPLOYMENT SETTING. THE DEPARTMENT OF HEALTH AND ENVIRONMENT TECHNICAL COMMITTEE AND THE SECRETARY BOTH FOUND IN OUR APPLICATION AND TESTIMONY THE EVIDENCE OF REAL AND POTENTIAL HARM TO THE CONSUMER FROM THE UNREGULATED PRACTICE OF THESE PROFESSIONALS. LICENSURE IS THE SINGLE MOST EFFECTIVE MEANS OF CONSUMER PROTECTION. THANK YOU.

*PNVW
3-6-91
Attm # 6-3*

Mr. Parker

Kansas Farm Bureau



PUBLIC POLICY STATEMENT

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

Re: H.B. 2104 - Licensure of Speech-Language Pathologists
and Audiologists

March 6, 1991
Topeka, Kansas

Presented by:
Warren Parker, Assistant Director
Public Affairs Division
Kansas Farm Bureau

Madam Chair and Members of the Committee:

I am Warren Parker, Assistant Director of Public Affairs for Kansas Farm Bureau. I appreciate the opportunity to speak to you briefly on behalf of our farmer and rancher members in each of the 105 counties in Kansas.

This past December, the voting delegates at our annual meeting adopted policy concerning the licensure of speech language pathologists and audiologist.

Our policy asks that two issues be considered in proposed legislation:

1. Assurance that licensure will not diminish the availability in rural Kansas of the professional services provided by speech language pathologists and audiologist; and
2. Fees will cover all costs associated with licensure and that no general fund money be used for the program.

We feel H.B. 2104 provides for these concerns and we come before you to urge your support for passage of H.B. 2104.

Thank you for your time. I would be happy to attempt to answer any questions.

PKW
3-6-91
Attn # 7

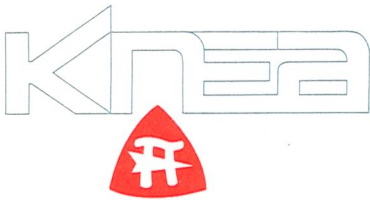
Speech-Language Pathologists and Audiologists

We encourage the Kansas Legislature to pass a licensure bill for speech-language pathologists and audiologists to establish standards for quality of performance, and for continuing education. Legislation should provide:

1. Assurance that licensure will not diminish the availability in rural Kansas of the professional services provided by speech-language pathologists and audiologists; and
2. Fees will cover all costs associated with licensure and no General Fund money will be used for the program.

Recognizing the profession as a legal entity will simplify third party reimbursement payments for all parties involved.

PJL
3-6-91
adm-7.2



Craig Grant Testimony
House Public Health Committee
Wednesday, March 6, 1991

Members of the committee, I apologize for not being able to appear personally on HB 2104; however, I find I must also appear in the Senate Education Committee and thus I am submitting a written statement.

I am Craig Grant and I represent Kansas-NEA. We support HB 2104 which would license speech-language pathologists and audiologists. It seems quite appropriate to license these professionals before they engage in the practice of speech-language pathology or audiology. I have no expertise as to what qualifications should be met, but trust that the commission established should take care of that aspect.

Section 10, subsection (c) excludes teachers of the deaf or hearing impaired which are already licensed or credentialed by the state. This provision should remain in the bill as those credential requirements are quite rigid presently and deal specifically with the task of teaching hearing impaired students.

In short, our members support the licensing of speech-language pathologists and audiologists in a similar manner to what the teachers of the deaf or hearing impaired have to do now. Thus we support HB 2104. Thank you for considering our thoughts on this matter.

PA+W
3-6-91
Attn# 8

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364-2743
Fax # 913-364-3975

MARK B. WILSON
Director

March 5, 1991

Carol Sader
Chair of the Health and Welfare Committee
Kansas State House
Office 115S
Topeka, Kansas 66611

Dear Madam:

I would like to urge you and the committee members to promptly pass H.B. 2104, licensure for Speech-Language Pathologists and Audiologists.

As a director of Special Education Services, I feel that licensure will enhance the mobility of these professionals, increasing the availability of services in rural communities, as well as furnishing qualified professionals to provide these services. Whether the speech-language or hearing handicapped individual is a child or an adult, residing in an urban or rural area, the highest quality services should be provided for those least able to speak for themselves. Licensure would provide that assurance, a legally defined standard of competence. I am supportive of this bill as it is my understanding that it would not have a negative impact upon public school services or availability of these professionals for public school service and does allow for the grandfathering of these professionals presently employed within the public school setting.

Thank you for your anticipated interest and promptness.

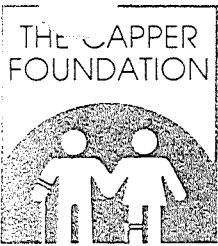
Sincerely,

Mark B. Wilson

Mark B. Wilson
Director of Special Education Services

MBW:mjm

*PHW
3-6-91
Attn #9*



3500 S.W. 10TH AVENUE
TOPEKA, KANSAS
66604-1995
913-272-4060

March 3, 1991

Carol Sader, Chair
Members of the Committee
Committee on Public Health and Welfare
Kansas House of Representatives
State of Kansas
Topeka, Kansas

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Ginger A. Powell
Trustee

Stanley H. Stauffer
Trustee

Rudy E. Wrenick, Jr.
Trustee

Dear Carol Sader and Members of the Committee:

I am writing to offer my full endorsement for the licensure of speech-language pathologists and audiologists in Kansas.

I am the administrator of this private agency which serves 120 individuals with severely physically challenging conditions from infancy through adulthood. I am not only proud of our habilitative services, but also find that as an administrator I must depend on highly qualified professionals to meet the many needs of individuals with multiple disabilities. Among those we serve are a high number of severely physically disabled individuals who are also severely communicatively impaired. These individuals are being served by our staff of speech-language pathologists who must have specific skills in the evaluation and management of these individuals. The impact of technology has dramatically empowered the severely physically and communicatively handicapped to speak by using computerized electronic equipment. The measurable gains that our children have made are related to highly skilled professionals who can develop programs for these individuals. It has been my experience to observe that professionals in this field must be specifically qualified to deliver highly competent services. If such quality service is not provided, the severely communicatively impaired individual will be unnoticed, unheard, and unserved. As an administrator and advocate, I must assure that the services of the Capper Foundation are delivered effectively, competently, and completely to these children, to their parents, and to the public in general.

I am fully supportive of Kansas House Bill 2104 which establishes licensure for speech-language pathologists and audiologists and will insure that children and adults with multiple disabilities will be protected by defined standards of competence and identification of these individuals who have met these standards to the public.

Thank you.

Sincerely,

Edward F. Gibbons
President

*PKW
3-6-91
attm #9-2*



BETHPHAGE MISSION WEST, INC.

FEB 26 1991

102 East Second Street • Ellsworth, KS 67439 • 913-472-4081

February 19, 1991

Committee on Health and Welfare
c/o Mr. John Peterson
1206 West 10th
Topeka, KS 66604-1291

Dear Mr. Peterson:

As a caregiver, teacher and advocate of people with developmental disabilities, I must concur with KSHA's position to license speech-language pathologists and audiologists.

In my line of work, quality and consistency, rank high as priority attributes to good service provision. The practice of licensure would help to assure consistency of qualifications and ethics. Likewise, consistency of standards and practices would help to promote quality and reduce malpractice.

Standard licensing procedures would hopefully aid in attracting more practitioners to rural areas and ease shortages. Currently, some speech pathologists are qualified to work with elementary school children, but are not with my clientele. The distinction between qualified and unqualified, in this instance, is unclear and apparently arbitrary.

If I may be of service to you in the future, please feel free to contact me at anytime.

Most sincerely,

Richard D. Schade
Area Director
Bethphage at Ellsworth

PHW
3-6-91

attn #10
9-3

The University of Kansas Medical Center

Department of Rehabilitation Medicine

3/5/91

Carol Sader, Chair
House Public Health & Welfare Committee

115 S
State Capitol Bldg
Topeka, KS 66612

Dear Representative Sader:

I would like to strongly support House Bill # 2104. As a physician who has been very concerned with treatment of people with all types of physical disabilities — including persons with speech & language disorders — I feel that it is vital to have such patients treated only by skilled professionals. Without licensure there is no control over persons claiming to be "experts" in communication disorders. Such untrained or poorly trained therapists do not serve the public well as they are really unaccountable for their actions unless standards have been set by the state. It seems remarkable that Kansas, which is so concerned about licensure of psychologists, for example, is not equally concerned about licensure of persons who are often involved in cognitive assessment & treatment of communication disorders. Most other states have licensure why not insist on this for Kansas?

Thank you for your support
Sincerely
J. Redford

PHW
3-6-91
atm #9-3

PHW
3-6-91

atm #9-3



4125 SW Gage Center Drive
P. O. Box 86153
Topeka, KS 66686

(913) 273-6343 or
toll-free in Kansas
1-800-332-6262

January 18, 1990

Barry R. Molineux, M.A.
KS Speech-Language-Hearing Association
3500 SW 10th Avenue
Topeka, KS 66604-1995

Dear Barry:

This letter is to affirm our support of state licensure for speech-language pathologists and audiologists. We understand and support the need for increasing the standards of the hearing and speech profession to serve communicatively disabled individuals.

Families Together, Inc. is a statewide organization serving families with a child with a disability. As such, we are extremely interested in the delivery of competent services for all children.

One major goal of Families Together, Inc. is to assist and refer parents to programs that can best meet the needs of their child with a disability as well as to promote community based programs and successful family management. While Families Together, Inc. is not a direct service provider to persons with a disability, we do work extensively with developing and promoting family support and providing educational workshops on statewide services available. We always appreciate proposals that move to insure that children with a disability will be protected by setting defined standards of competence and identification of individuals that have met these standards.

We appreciate the opportunity to support this proposal.

Sincerely,

Patricia S. Gerdel

Patricia S. Gerdel, Executive Director
Families Together, Inc.

cc: Harriet W. Rose, President of the Board
Families Together, Inc.

*PHW
3-6-91
item # 9-5*

The University of Kansas Medical Center
School of Medicine-Wichita

Family & Community Medicine

October 5, 1989

Dixie Heinrich
3900 17th Street
Great Bend, Kansas 67530

Dear Ms. Heinrich:

I would like to express my support for requiring the licensure of speech pathologist and audiologist. I think it is extraordinary that Kansas does not currently license these health professionals and believe it is essential if the public is to be given appropriate care and not ripped off.

Good luck in your efforts to change the situation.

Sincerely yours,



Andrew M. Barclay, M.D.
Associate Professor and Chairman
Dept. of Family & Community Medicine

AMB/lth

PHW
3-6-91
atm #9-6

Sept. 28, 1989

KSHA
Dixie Heinrich, Coordinator
3900 17th st.
Great Bend, KS 67530

Dear Ms. Heinrich:

This letter is to express the Wichita Down Syndrome Organization's support of the KSHA efforts to require licensing of speech/language pathologists and audiologists through the Kansas Dept. of Health and Environment.

We believe a licensing requirement for these professions would help to ensure that all pathologists and audiologists are qualified and adhere to ethical standards and practices. This measure is sorely needed to protect the consumer.

Please advise the appropriate Health and Environment personnel of our support of the KSHA position on this issue.

Sincerely,



Jill Tvedten Long
Wichita Down Syndrome Organization
12117 Nantucket
Wichita, Kansas 67235-1224

JHW
3-6-91
attm # 9-7

Wichita P.A.H.I.C.

PARENTS ASSOCIATION FOR HEARING IMPAIRED CHILDREN.

November 14, 1989


TO: Patti Fisher, KSHA Licensure Committee Chair

FROM: Parent's Association of Hearing Impaired Children
(PAHIC), Wichita

RE: Support of licensure for Kansas speech-language pathologists
and audiologists

The Parent's Association of Hearing Impaired Children in Wichita would like to express our support of the Kansas Speech-Language-Hearing Association's efforts to obtain licensure for their profession. As parents of hearing impaired children, we are fully aware of the hours upon hours our children receive speech-language and hearing services, and the competency of the clinician and audiologist is vital to their successful habilitation. As parents, we are also responsible for purchasing and maintaining hearing aids, at a cost of \$400-\$500 per aid, per ear, per every 4-5 years. If we are willing to expend that amount of money toward the habilitation of our children, we expect and should receive the highest quality of speech/language and audiology services. We believe licensure will help insure our children will receive services from the highest qualified and most competent professionals.

Sincerely,


Becky Nordyke
President P.A.H.I.C.

PNW
3-6-91
attn #9-8



AMERICAN PHYSICAL THERAPY ASSOC., INC.

October 14, 1989

Rt. #1, Box 149
Eudora, KS 66025

Barry R. Molineux, MA CCC/SLP
KSHA President-Elect
3500 SW 10th Avenue
Topeka, KS 66604-1995

Dear Mr. Molineux:

I received your letter of September 25, 1989 requesting written support for the Kansas Speech-Hearing-Language Association to initiate the credentialing process through the Department of Health and Environment.

This issue was brought before the membership of the Kansas Physical Therapy Association at the October 13, 1989 state meeting. The membership voted to give support to the KSHA for credentialing of their profession. Physical Therapists have worked for years with practitioners of the speech-language pathology and audiology profession and have been impressed with the high quality service and professionalism of your members.

If I can provide more information regarding this issue, please do not hesitate to contact me.

Sincerely,

Carolyn Bloom, PT
President, KPTA

cc: KSHA Coordinator, Dixie Heinrich

PHW
3-6-91
attm# 9-9

EAR, NOSE AND THROAT

1133 College Avenue
Manhattan, Kansas 66502
Telephone: 539-3504

John M. Barlow, M.D.
Diplomate - American Board of
Otolaryngology - Head and Neck Surgery

Jack T. Peterson, Jr. M.D.
Board Eligible
Otolaryngology - Head and Neck Surgery

November 7, 1989

Thomas F. Gray, Ph.D.
Audiologist, CCC-A
KSHA Licensure Committee member

Dear Dr. Gray:

I am in receipt of your letter stating the intent of the Kansas Speech-Language, Hearing Association (KSHA) to apply to the Kansas Legislature for licensure of your profession. As a member of the medical field in the specialty of otolaryngology, which strongly interacts with your profession, I state I am strongly in support of your licensure effort.

I feel licensure for your profession in the State of Kansas will have the following benefits:

1. It will better define to the public what a speech pathologist or audiologist is.
2. Licensure will establish basic training or standardization of training for all speech pathologists and audiologists.
3. A consumer who feels he or she has a complaint against services performed by your profession will have recourse to the state licensure board for areas of complaint. By necessity this will set up a committee for peer review and will help establish a minimal standard of care.
4. In no way do I envision or fear that licensure of your profession will lead to increased competition or detriment to my own medical speciality.

I wish you success in your pursuit of licensure for your professional group in the State of Kansas.

Sincerely,


John M. Barlow, M.D.

JMB/jh

cc: Senator Lana Oleen
Katha Hurt, Representative
Sheila Hockhauser, Representative

*PNW
3-6-91
JTB #9-10*

October 6, 1989

To Whom It May Concern:

As an Occupational Therapist, I have worked closely with Speech/Language Pathologists in many different settings. I strongly support licensure for Speech Language Pathologists in the state of Kansas. I am currently working in a private practice with a Speech/Language Pathologist, Physical Therapist, and Educational Therapist. I am doing some contract work with some nursing home facilities. Recently I have had an experience with a Speech/Language Pathologist in a nursing home which will support the case of licensure in the state of Kansas. A female patient in this nursing home who suffered a left CVA was being seen by the Physical Therapist and myself because of limited function due to right hemiparesis. A speech evaluation was also recommended. Concerns regarding this Speech/Language Pathologist include the following:

1. No documentation of the Speech/Language evaluation and treatment was found in the chart until it was brought to the attention of the administration by the restorative aides.
2. The therapist used materials and a tone of voice that she would use with a child with this adult stroke patient.
3. The therapist told the family that the reason the patient was not talking was because the physical therapist and occupational therapist allowed the patient to perseverate and tired the patient out.
4. The patient was able to vocalize only a perseverative "B" sound. She exhibited a consistent yes/no response. She made her wants and needs known through gestural communication. The nursing staff and restorative staff questioned the need for speech therapy.
5. The patient did not make any progress in speech. The therapist worked on sign language as alternative communication. I explained to the therapist that the patient was unable to use her right hand and unable to imitate motor actions. The therapist taught signs such as baby, pineapple and toilet. The nursing and restorative staff expressed the fact that they did not know sign language and did not have the time to learn sign language.
6. The patient was seen for three months in occupational therapy and physical therapy and then put on a restorative program. She was making few gains; therefore, Medicare would not reimburse for therapy. The speech therapist continued therapy. The patient became very frustrated and withdrawn. The speech therapist would say the patient is just stubborn. She gave the family unrealistic expectations of what the patient would be able to do.

This Speech/Language Pathologist is an older woman in private practice; therefore, she has no supervision or peer review. I feel that she comes from an old school of thought and she uses the same therapeutic techniques on all clients whether young or old. I have the patient's best interest and the reputation of Speech/Language Pathologists in mind in expressing these concerns.

I hope this demonstrates my support for licensure of Speech/Language Pathologists in the state of Kansas.

Sincerely,

Laurel J. Hulsey
Laurel T. Hulsey, OTR
Registered Occupational Therapist

PN4W
3-6-91

attm# 9-11



READ

Kansas Association for Children with Learning Disabilities
Box 4424
Topeka, Kansas 66604

September 8, 1989

Patty Fisher
2121 SW 33rd Street
Topeka, Kansas 66611

Dear Ms. Fisher,

Recently I became aware of the Kansas Speech and Hearing Association's efforts to obtain licensure in order to establish a high level of competence and standards for practitioners. As the President of the Kansas Association for Children and Adults with Learning Disabilities, I strongly support their position. It is of the utmost importance that children receive quality services and also those adults who find they need to relearn language after a traumatic injury or stroke.

It is my hope that licensure will be granted to KSHA. If you should need more information, please contact me.

Sincerely yours,

Ela Shacklett

PXW
3-6-91
atm #9-12



Kansas Head Injury Association

9401 Nall Suite 100

Shawnee Mission, Kansas 66207

913.648.4772

December 12, 1989

Dixie Heinrich, Coordinator
KSHA
3900 17th Street
Great Bend, KS 67530

Dear Ms. Heinrich,

The Kansas Head Injury Association supports the efforts of the Kansas Speech - Language - Hearing Association towards licensure of Speech-Language Pathologists and Audiologists. Establishing state standards for practitioners, defining scope of practice, and initiating a mechanism to handle grievances that the citizens of Kansas who use the services of Speech-Language Pathologists or Audiologists is in the best interest of Kansans and certainly in the best interest of persons with head injuries and their families who must seek out these services.

Please do not hesitate to contact me should you have any questions regarding the support of our Association for this issue.

Yours Truly,

Mary Pat Beals
Executive Director

MPB/rlr

pc: Sara Dale Brandt

PNW
3-6-91
att #9-13